

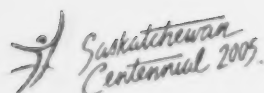


Government of
Saskatchewan

Annual Statistical Report 2004-2005

Saskatchewan
Health

Medical Services Branch



This document is a statistical supplement to the Annual Report of Saskatchewan Health for the fiscal year 2004-05. It contains statistical data concerning the programs administered by the Medical Services Branch, including the Medical Services Plan (MSP), medical education and medical remuneration.

Comments or questions concerning the material in this document may be addressed to:

Executive Director
Medical Services Branch
Saskatchewan Health
3475 Albert Street
Regina, Saskatchewan
S4S 6X6

Phone: (306) 787-3423

Fax: (306) 787-3761

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This annual report is also available in electronic format from the department's web site at
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Highlights

Medical Services Plan

- The Medical Services Plan (MSP) provides coverage to Saskatchewan residents for a wide range of physician, chiropractor, optometrist and a limited range of dental services. The Plan also provides funding to support clinical services provided by residents and faculty at the College of Medicine, as well as a range of recruitment and retention initiatives managed by the Saskatchewan Medical Association. Payments by the Plan under its program areas totaled \$496.2 M in 2004-05 (see page 5), an increase of \$42.6M or 9.4% over 2003-04.
- The Branch supports educational activities at the College of Medicine through the Clinical Services Fund. With a budget of \$23.6 million in 2004-05 (see page 5), the Clinical Services Fund covers the following areas:
 - academic and clinical services provided by faculty;
 - undergraduate, post-graduate and continuing medical education; and
 - 204 post-graduate medical resident positions (see Table 33).
- The Medical Services Plan, through its Professional Review Committees recovered \$226,000 in fee-for-service payments from 18 practitioners who were found to have incorrectly charged the Plan (Table 2).
- The number of claims received for processing in 2004-05 totaled over 9 million, a decrease of 2.8% from 2003-04 (Table 3).
- Benefits paid for insured services - provided by physicians, optometrists, chiropractors, and dentists - amounted to \$399.5 million, an increase of 9.8% on a per capita basis (Table 8). Total expenditures ('000's) by program area were:

	2003-04	2004-05	Per Capita Change
physicians	\$345,456	\$383,919	10.01%
optometrists	\$4,126	\$4,229	1.44%
chiropractors	\$9,319	\$9,858	4.70%
dentists	\$1,355	\$1,485	8.48%

(see status of current agreements on page 58)

- Payments for out-of-province physician services totaled \$20.4 million (Table 11) up 1.6%. Out-of-province hospital payments totaled \$40.8 million (Table 13a) up 7.2%. Physician fee schedule increases and increased hospital per diem rates contributed to these increased costs.
- Services provided outside of Canada for patients with prior approval are:

	2003-04	2004-05
Number of Patients	33	22
Practitioner Costs	\$392,700	\$290,000
Hospital Costs	\$517,800	\$520,300
Total Costs	\$910,500	\$810,300

(Note that the number of patients receiving services in a year may not equal the number approved during the year. Reasons include patients not going or not receiving treatment in the same year or patients requiring on-going care over two or more years.)

- The number of active physicians (with their own MSP billing number) in Saskatchewan increased at year end to 1,265 from 1,237 in 2003-04. Metro (Regina and Saskatoon) general practitioners increased by 17 (to 362), other urban general practitioners decreased by 2 (to 144), and rural general practitioners decreased by 4 (to 235); specialists increased by 17 to 524.

Average payments to active physicians (Table 25):

General Practitioners	\$225,100	up 8.6%
Specialists	\$343,700	up 8.8%
All Physicians	\$274,200	up 8.9%

(see "Active" definition - page 12)

- Payments for the Specialist Emergency Coverage Program (SECP) and the Rural Emergency Coverage Program totaled \$20.4 million (Table 27), a decrease of 1.5%.
- Expenditures for physician services provided through non-fee-for-service payment arrangements (medical remuneration and alternate payments) totaled \$97.6 million (Table 28), an increase of 12.1%.

- The per capita costs for physician services increased by 10.1% to \$371 from \$337 in 2003-04 (Table 31), primarily attributed to Payment Schedule changes (see status of current agreements on page 58).

Physician Remuneration

- In 2004-05, payments for fee-for-service in-province physicians, including the emergency coverage programs, totaled \$350.3 million (see page 6), an increase of 8.2% from 2003-04.
- Non-fee-for-service funding arrangements for physician services represent a large and rapidly growing area of provincial health expenditures. In 2004-05, this sector accounted for about \$141.5 million, 27.7% of Saskatchewan Health's total expenditures on in-province physician services. The majority of expenditures are in areas of medical services associated with Regional Health Authority (RHA) operations (radiology, laboratory and emergency services) (see page 6).
- The amount of new and continuing bursaries and grants increased from 117 to 120 in 2004-05 for a total commitment of \$3.7 million (see page 6).

Medical Services Branch 2004-05 Expenditures

	Payments	Per Cent of Total
Medical Services Plan		
Total In-Province	\$370,929,807	74.2
Physicians – Fee-for-Service ¹	336,357,729	67.3
Physicians – Non-FFS		
- Alternate Payments	8,043,201	1.6
- Northern Health, Student Health & Community Clinics ²	9,224,824	1.8
- Physician Stabilization	3,851,394	0.8
Chiropractors	8,281,260	1.7
Optometrists	3,672,597	0.7
Dentists	1,498,802	0.3
Out-of-Province (including Hospital)	68,669,978	13.7
Saskatchewan Medical Association Programs ³	32,925,759	6.6
Medical Education System - Clinical Services Fund	23,614,452	4.7
Dental Residency Grant	96,000	0.0
Administration	3,864,806	0.8
Total Expenditures	\$500,100,801	100.0

¹ Includes Rural Emergency Coverage Program payments processed through the Claims System.

² These expenditures include payments to physicians only.

³ Includes Specialist Emergency Coverage Program payments.

Notes:

1. There is a difference between Medical Services Plan payments shown above and the total payments shown in the statistical tables. The difference is due to accounting adjustments (e.g. accrual accounting, the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement), certain recoveries, adjustments for retroactive payments, the handling of claims for medical and optometric services provided in community clinics and alternate payment projects, which are included in the statistical tables as if paid on a fee-for-service basis, but actually funded on a global basis through the Regional Accountability Branch, and, the handling of chiropractic and optometric Supplementary Health Program claims.

2. Medical Services Plan Out-of-Province payments include physician, chiropractic, optometric, dental and hospital services.

Expenditures for In-Province Physician Services and Programs, 2004-05

	Payments	Recipients of Bursaries & Grants	
		New	Total ⁴
<u>Fee-for-Service (FFS)</u>	<u>\$330,227,871</u>		
Rural Emergency Coverage Programs (FFS)	\$6,129,858		
Specialist Emergency Coverage Programs	\$13,953,347		
<u>Non-fee-for-service (Non-FFS)</u>	<u>\$141,494,741</u>		
Medical Remuneration	\$69,408,511		
¹ Saskatchewan Cancer Agency	\$7,216,633		
^{1,2} Student Health Centre	\$345,626		
^{1,2} Community Clinics	\$5,249,301		
¹ Physician Stabilization	\$3,851,394		
^{1,2} Northern Health Contract Physicians	\$3,629,897		
^{1,3} Alternate Payments - MSB Non-FFS	\$8,043,201		
Alternate Payments - RHA Operating	\$7,107,960		
⁵ Alternate Payments - Primary Health Services Sites	\$13,027,766		
⁶ Clinical Services Fund (College of Medicine)	\$23,614,452		
Sub-Total: Payments for Physician Services	\$491,805,817		
(including FFS, Emergency Coverage Programs and Non-FFS)			
<u>SMA Programs (excluding Emergency Coverage Programs)</u>	<u>\$19,431,733</u>	<u>46</u>	<u>120</u>
Undergraduate Medical Bursaries	\$317,500	6	19
Medical Residency Bursaries	\$250,000	5	10
Physician Re-Entry Training Program	\$314,881	1	6
Rural Practice Enhancement Training	\$128,231	2	4
Rural Practice Establishment Grant	\$277,500	13	25
Rural and Remote Incentives	\$1,851,888		
Continued Medical Education	\$2,200,000		
Canadian Medical Protective Agency (CMPA) Funding	\$6,894,000		
Practice Enhancement Program	\$75,000		
Physician Retention Fund	\$4,000,000		
Specialist Recruitment and Retention Bursaries	\$1,994,167	18	49
Saskatchewan Health Re-entry Training	\$428,703	1	7
Parental Leave Program	\$699,863		
Grand Total: Payments to Physicians (including SMA Programs)	\$511,237,550		
Continuing Bursaries from Previous Years		<u>74</u>	<u>—</u>

¹ Expenditures in these areas are managed by other Branches of Saskatchewan Health.

² These expenditures include payments to physicians only.

³ Includes some rural emergency coverage payments and payments for travel expenses when general practitioners provide weekend relief.

⁴ The total includes new recipients in 2004-05 plus recipients of continuing bursaries from previous years.

⁵ Management responsibility of these sites was transferred to Primary Health Services Branch effective April 1, 2004.

⁶ Includes \$200,000 for the Academic Health Sciences Network.

Notes: 1) In 2004-05, the Medical Services Branch was responsible for about \$491.8 million in expenditures for physician remuneration, an increase of 9.5% from \$449.1 million in 2003-04.

2) In addition to physician remuneration, the Branch provided an additional \$19.4 million to physicians through SMA programs, an increase of 18.9% from \$16.3 million in 2003-04.

3) Department funding for physician services may not equal expenditures by Regional Health Authorities.

Medical Services Plan Coverage Benefits

Eligibility for Benefits

The Medical Services Plan provides insurance coverage to Saskatchewan residents (beneficiaries) for a wide range of services provided by physicians, chiropractors, and optometrists, as well as a limited range of services provided by dentists.

All residents of Saskatchewan, with a few exceptions (members of the Canadian Armed Forces, RCMP, inmates of Federal Penitentiaries) are eligible to receive benefits, with the sole requirement being registration and residency with the Health Registration and Vital Statistics Branch. No premiums are levied.

Subject to the exclusions detailed later in this section, the following services are insured:

Physician Services

Medical Services - The diagnosis and treatment by a physician of all medical disabilities and conditions.

Surgical Services - Surgical procedures by a physician including diagnosis, pre- and post-operative care and the services of physician surgical assistants when required.

Maternity Services - Care during pregnancy, delivery, and after care in hospital by a physician.

Anaesthesia - The administration of anaesthesia by a physician including:

- anaesthesia for diagnostic, surgical and other procedures
- obstetrical anaesthesia
- anaesthesia for pain management
- all dental anaesthesia primarily for patients under 14 years.

Diagnostic Services

- x-ray services, including interpretations, provided by a specialist in radiology. Breast screening mammographies for women 50-69

years of age are available and funded through the provincial Screening Program for Breast Cancer.

- other diagnostic services provided by a physician.

Laboratory Services

- any laboratory services, including interpretations, provided by specialists in pathology;
- an approved list of laboratory services provided by a physician other than a pathologist.

Preventive Medical Services - Immunization services where not available through any government or municipal agency; examination and report for adoptions for both child and parents; examination and report for persons becoming foster parents; a routine physical examination by a physician but not including an examination for the purpose of insurance, employment, vehicle seatbelt exemptions or at the request of a third party.

Cancer Services - Services for the diagnosis and treatment of cancer, except when provided by physicians under contract with a Saskatchewan Cancer Clinic.

Optometric Services

Coverage for optometric services is limited to the following four categories of persons:

- those under the age of 18;
- Supplementary Health Program beneficiaries;
- recipients of Family Health Benefits Program;
- seniors (age 65+) receiving a Saskatchewan Income Plan supplement.

The services covered include routine eye examinations, partial examinations and tonometry (for persons 40 years of age and over).

For eligible beneficiaries, the frequency of routine eye examinations to determine refractive error is limited to the following:

- for patients less than 18 years of age examinations are limited to one every 12 months (this coverage is provided by the Medical Services Plan);

- for patients 65 or older who qualify for one of the special programs listed above, examinations are limited to one every 12 months;
- for patients aged 18 to 64 who qualify for coverage under one of the special programs listed above, examinations are limited to one every 24 months.

Dental Services

Services in connection with maxillo-facial surgery required to treat a condition caused by an accident.

Certain services in connection with abnormalities of the mouth and surrounding structures.

Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist.

Certain x-ray services when provided by a dentist who is a specialist in oral radiology.

Extraction of teeth medically required for the provision of:

- heart surgery,
- services for chronic renal disease, or
- services for total joint replacement by prosthesis

where the beneficiary was referred to a dentist by a specialist in the appropriate surgical field and where prior approval of the MSP is received.

Chiropractic Services

Chiropractic visit and x-ray services are insured with no limits. Chiropractic visit services are insured through a co-payment system whereby MSP makes payment to chiropractors for each visit service provided. Chiropractors are also allowed to charge beneficiaries an additional amount beyond the amount of government payment. Supplementary Health Program beneficiaries, recipients of Family Health Benefits Program, and seniors (age 65+) receiving a Saskatchewan Income Plan supplement are fully insured for chiropractic services.

Out-of-Province Services

Most services insured in Saskatchewan are insured outside the province, but within Canada.

Physician Services:

Services provided by physicians in other provinces except Quebec are covered by a reciprocal billing arrangement. Saskatchewan beneficiaries are not normally billed for insured physician services provided in other provinces upon presentation of their Health Services Card except for certain services excluded from the reciprocal billing arrangement. In most cases, physicians bill the provincial health plan of the province in which the services are provided. The host plan then bills the home province of the patient for the services provided.

Cataract surgery, magnetic resonance imaging (MRI) and private facility bone densitometry provided outside of the province are only insured with prior approval from Saskatchewan Health.

Non-emergency services provided outside of Canada are only insured with prior approval from Saskatchewan Health.

Hospital Services:

Hospital services provided to Saskatchewan beneficiaries in other provinces are covered by a reciprocal billing agreement. The hospital bills the provincial health plan of the province in which the services are provided. The host plan then bills the home province of the patient for the services provided.

Emergency hospital services for persons traveling outside Canada are covered on the following basis: \$100 (Canadian) per day for in-patient services; \$50 (Canadian) for an out-of-province patient visit. Non-emergency hospital services provided outside Canada are covered only if prior approval has been obtained from Saskatchewan Health.

Similar prior approval provisions exist for coverage of hospital services provided outside the province in respect of cataract surgery, MRIs and bone densitometry, as noted above for physicians.

Exclusions

The following services are not insured by the Medical Services Plan:

- health services received under other public programs including: The Workers' Compensation Act, federal Department of Veteran Affairs, The Mental Health Act.
- traveling
- advice by telephone except when provided by physicians to physicians or allied health personnel
- surgery for cosmetic purposes
- any mental or physical examination for the purpose of employment, insurance, judicial proceedings, vehicle seatbelt exemptions or at the request of a third party
- autopsy
- ambulance services and other forms of transportation of patients
- services provided by special duty nurses
- services provided by chiropodists, podiatrists, naturopaths or osteopaths
- dentistry, except as described under Insured Services - Dental Services
- drugs and dressings
- appliances (e.g. eyeglasses, artificial limbs)
- routine eye examinations by physicians are limited in coverage to those beneficiaries who would be covered under the optometric program (see page 7)
- electrolysis
- dental anaesthesia provided in conjunction with an insured service where the patient is 14 years or over
- reversals of sterilization
- implantation of penile prosthesis
- thermal ablation of obviously benign skin lesions
- injection of asymptomatic varicose veins
- non-medically necessary circumcisions for newborns.

Methods of Payment

The Medical Services Plan makes payment for insured services by the following methods:

- fee-for-service billing by practitioners or professional corporations based on negotiated fee schedules

- population-based funding, adjusted by age, gender and geographic area for general practitioner services provided to clients who primarily seek their health care from a single physician clinic
- salary, contractual or sessional payment arrangements funded through Regional Health Authority Boards.

Alternate methods of compensating physicians for services are designed to:

- provide physicians with the flexibility to develop programs and deliver services that meet the needs of their patients, including initiatives such as health promotion and other educational activities, and
- encourage physicians to work as members of multi-disciplinary health teams without experiencing loss of income.

Funding levels for alternate payment projects are determined based on a number of factors including the population served, service need, and ongoing viability and sustainability of the services.

Alternate payment arrangements for general practitioner services are closely linked with the Department's Primary Health Services initiative. Physicians and regional health authorities considering alternate payment arrangements are encouraged to explore the opportunities and benefits of this approach in the delivery of health services.

A global system of payment for the operation of four community clinics is provided by the Regional Accountability Branch.

Practitioners may choose to practice entirely outside the Medical Services Plan, in which case the services provided by that practitioner are uninsured.

Professional Review

Joint Professional Review Committees have been formed with the various professional associations and licensing bodies to evaluate the billing and practice patterns of practitioners. These Committees are empowered to make monetary reassessments and level fines of up to \$50,000 (see Table 2).

Statistical Figures and Tables

Introductory Notes

General - The following tables are based upon Medical Services Plan payments made during 2004-05 on a fee-for-service basis for medical, optometric, chiropractic and dental services provided to Saskatchewan beneficiaries. Any work stoppages in the health care system may affect utilization and earnings data presented in this report.

A global system of payment for medical and optometric services is used for four community clinics in the province; however, services are recorded on the same basis as fee-for-service items (shadow billing). Many alternate payment projects, including primary health care projects, have their services recorded on the same basis as fee-for-service items (shadow billing). For statistical purposes all shadow-billing data, including primary health care projects managed by Primary Health Services Branch, is reported in this document. **Note:** The level of compliance to shadow bill for other than fee-for-service methods of payment can impact on the data presented in this report.

Most tables include data, where noted, on services provided to Saskatchewan residents by practitioners outside the province. Tables 12, 14a and 14b are the only tables that present Saskatchewan physician and hospital data for services provided to out-of-province beneficiaries. Tables 13a, 13b, 14a and 14b are the only tables that show data related to the hospital reciprocal billing system.

The statistical tables exclude data on services paid by MSP to physicians and optometrists on behalf of Saskatchewan Government Insurance. The tables also exclude payments made through the Specialist Emergency Coverage Program with the exception of Table 27.

Service groupings are based on national (Canadian Institute for Health Information) grouping classifications.

Date of Payment - Statistics are based upon the date a service was paid, as opposed to the date the service was provided. Statistics for the fiscal year 2004-05 include some services provided in 2003-04.

Payment Adjustments - The difference between MSP payments shown in the Statement of Expenditures, page 5, and the total payments shown in the statistical tables is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries, adjustments for retroactive payments; the handling of medical and optometric services provided in community clinics and funded on a global basis through the Regional Accountability Branch; the handling of claims for medical services provided in alternate payment projects; and the payment for medical services through other non-fee-for-service remuneration arrangements. Statistical tables have not been adjusted for recoveries resulting from professional review activities (see Table 2).

Payments to Locum Tenens - Where a physician acts as the principal for a locum tenens physician who is not fully registered by the College of Physicians and Surgeons, payments for services provided by the locum are made to the principal, unless the locum is granted a conditional, provisional or long-term locum license by the College.

Retroactive Payments - From time to time, MSB is required to make payments retroactively to practitioners, pursuant to agreements with the respective professional associations. The data excludes any lump sum payments made to the SMA in lieu of delayed implementation of Payment Schedule amendments. The data also excludes lump sum payments to dentists and dental surgeons in 2002-03 and 2003-04 in lieu of retroactivity. Such payments are included in the Expenditure tables on pages 5 and 6.

Chiropractic and Optometric Services under Supplementary Health - Changes to the chiropractic and optometric programs in 1992 resulted in a shift in payment responsibility for some services to the Supplementary Health Program. For statistical purposes, however, combined chiropractic and optometric data for services paid under both the Medical Services Plan and the Supplementary Health Program is reported in this document.

Definitions of Service Groupings (Tables 7 to 10 and 15)

- (a) **Consultations** - a consultation is the referral of a patient by one physician to another for examination, diagnosis, and a written report. The patient may return to the referring physician for treatment or receive treatment from the consultant.
- (b) **Major Assessments** - a major (complete or initial) assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A major assessment may be provided to new or former patients. Eye examinations by physicians are included here.
- (c) **Other Assessments** - Other assessments are visits which comprise history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Follow-up assessments, well baby care provided in the office, visits to special care homes and continuous personal attendance are included in this classification.
- (d) **Psychotherapy** - Includes treatment interview, group therapy, and counseling.
- (e) **Hospital Care** - Physician services provided in a hospital on a visit per day basis including newborn care in hospital and including attendant and supportive care. Hospital visits covered by a composite payment such as hospital care following surgery are not included.
- (f) **Special Calls and Emergency** - Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; follow-up house calls not specially called; special calls for additional patients seen; and any non-system-generated out-of-hours premiums.
- (g) **Major Surgery** - All 42-day surgical procedures excluding those falling in the Obstetrics classification. The "day" classification refers to the number of days of post-operative care included in the procedural fee.
- (h) **Minor Surgery** - All 0 and 10-day surgical procedures excluding those falling in the Obstetrics classification.
- (i) **Surgical Assistance** - Services of physicians as required to assist the surgeon at an operation. Includes assistant standby.
- (j) **Obstetrics** - Includes hospital stay, abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits. Foetal monitoring and transfusions are included here.
- (k) **Anaesthesia** - All anaesthetic procedures, pain management and pain clinic services are included in this category (see page 7).
- (l) **Diagnostic Radiology** - All out-of-hospital technical procedures and interpretations by specialists in radiology.
- (m) **Laboratory Services** - All common office laboratory services provided by a physician other than a pathologist.
- (n) **Other Diagnostic and Therapeutic Procedures** - All types of diagnostic procedures, allergy tests, ultrasound, professional interpretations of procedures, biopsies, therapeutic procedures, injections, Papanicolaou smears, and resuscitation and intensive care.

- (o) **Special and Miscellaneous Services** - Examinations for adoptions, for rape victims, for follow-up Cancer report; examinations and certifications of mental ill health; immunizations where not elsewhere available; intralesional injections; rural emergency coverage payments; advice to physicians or allied health personnel via telecommunications; and any other services not elsewhere classified.
- (p) **Services by Optometrists** - Includes eye examinations to determine the refractive state of the eye, when provided by an optometrist, partial examinations and tonometry testing.
- (q) **Services by Chiropractors** - Includes visit services and x-ray services provided by chiropractors.
- (r) **Dental Services** - Includes certain insured services provided by dentists, i.e. oral surgery, or orthodontic services for care of cleft palate, and the extraction of teeth necessary to be performed before the provision of certain surgical procedures.

Categories of Practitioners (Tables 15, 18 to 26, 31, 32 and 34)

I. Physicians

- (a) **General Practitioner** - A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. Includes physicians who while not Canadian or foreign certified specialists, limit their practice to specific specialty areas.
 - (i) **Metro** - A general practitioner who practises in Regina or Saskatoon.
 - (ii) **Urban** - A general practitioner who practises in a locality having 10,000 or more residents other than in Regina or Saskatoon.
 - (iii) **Rural** - A general practitioner who practises in a locality having fewer than 10,000 residents.
 - (iv) **Association** - A general practitioner who maintains patients' medical records with one or more other physicians.
 - (v) **Solo** - A general practitioner who is not working in association with another physician.

- (b) **Specialist** - A Canadian certified physician listed by the College of Physicians and Surgeons of Saskatchewan as eligible to receive MSP payments at specialist rates. As of April 1, 2001, a foreign certified physician listed by the College of Physicians and Surgeons was eligible to receive MSP payments at foreign certified specialist (FCS) rates (visits at designated FCS rates and procedures at general practitioner rates). As of April 1, 2004 a foreign certified physician was eligible to receive MSP payments at specialist rates for both visits and procedures. If a physician becomes a certified specialist during the year, only those services provided after certification are included with specialist services.

Note: Psychiatrists are included with Internists, Medical Geneticists with Paediatricians, and Pathologists with Diagnostic Radiologists.

- II. **Optometrist** - A practitioner registered by the Saskatchewan Association of Optometrists.
- III. **Chiropractor** - A practitioner registered by the Chiropractors' Association of Saskatchewan.

Note: Definition of Active Physician -

Physicians receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year. General Practitioners are categorized in the group in which they earned the most income if they practised in various clinics or locations throughout the year.

Figure 1
Index of Persons Covered by the Plan, Physicians,
Services Per Patient, and Persons Receiving Services
1999-00 to 2004-05

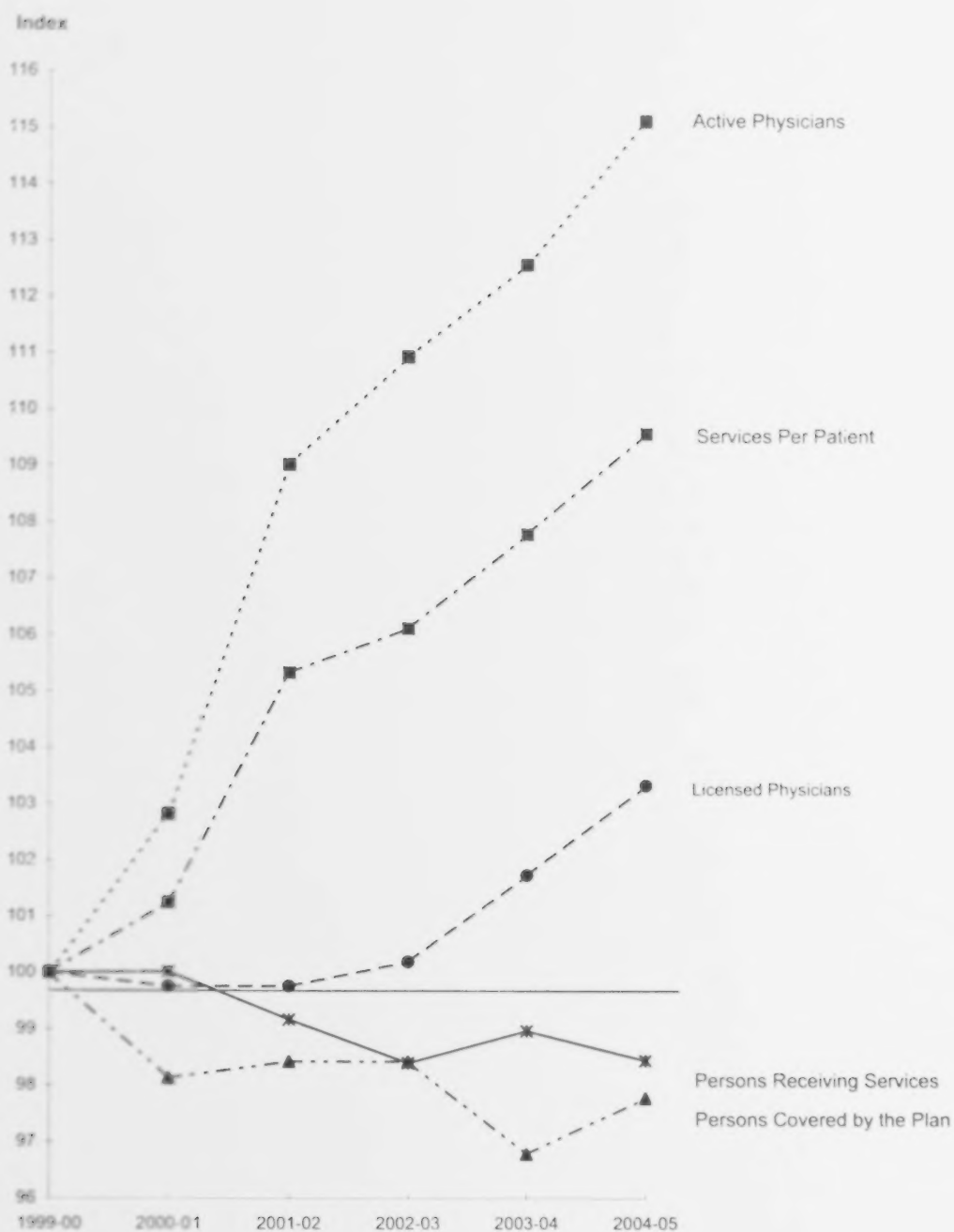


Figure 2
Index of Services Per 1,000 Beneficiaries for
Selected Types of In-Province Physician Services
1999-00 to 2004-05

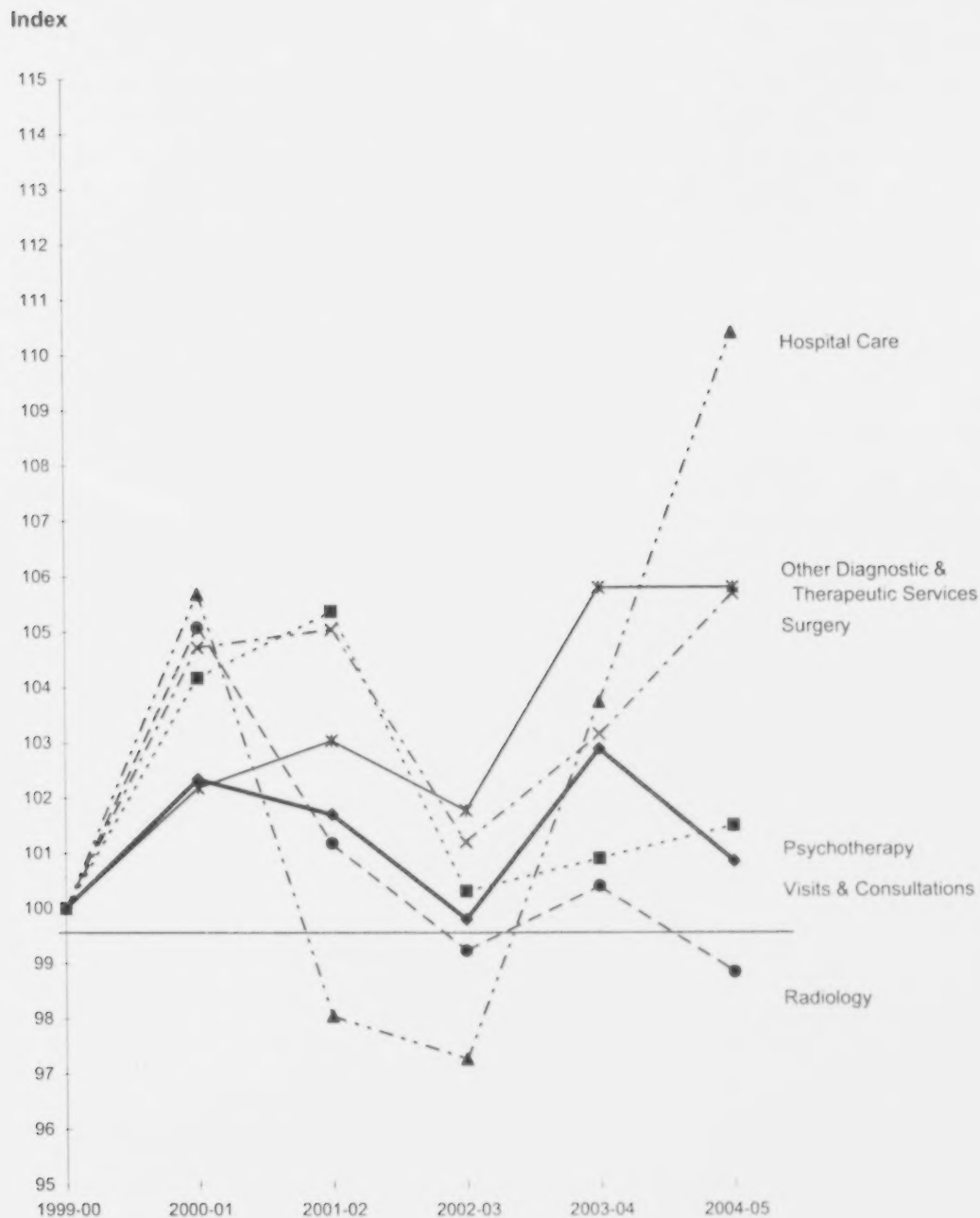


Figure 3
Per Capita Payments for Insured Services
by Age and Sex of Beneficiary

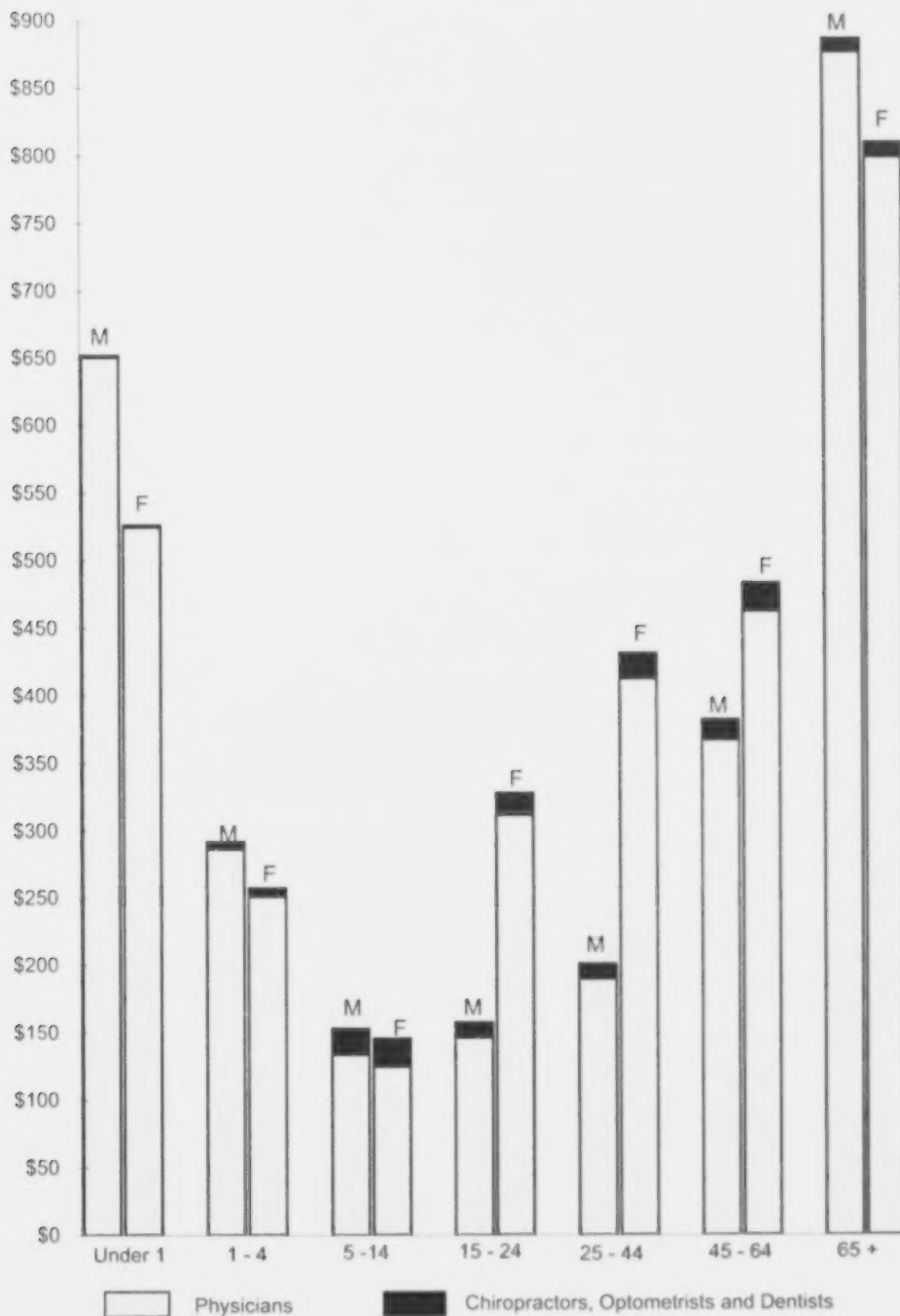


Figure 4
Map of Regional Health Authorities



Table 1
Analysis of Per Cent Change in Per Capita Costs

Year	Gross Payments for Insured Services ¹ (000's)	Total Per Cent Change In Per Capita Costs ²	Per Cent Change Due to Fee Schedule Increases ⁴	Per Cent Change Due to Utilization Increases ⁵
2000-01 ³	305,074	4.66	0.06	4.60
2001-02 ³	325,120	6.21	6.00	0.20
2002-03 ³	342,007	5.17	5.42	-0.24
2003-04 ³	360,255	7.14	4.36	2.66
2004-05 ³	399,491	9.77	10.02	-0.23
Average Annual Per Cent Change 2000-01 to 2004-05	7.00	7.07	6.45	0.60

¹ All physician, chiropractic, optometric and dental insured services are included.

² Current year cost per capita figures have been adjusted for claims inventory, program coverage and covered population to allow for comparison to the previous year.
The total per cent change in per capita costs is equal to the per cent change due to fee increases multiplied by the per cent change due to utilization increases.

³ Payments in all years exclude lump sum payments made to the SMA for distribution to physicians in the province in lieu of retroactive amendments to the Payment Schedule.
Payments in 2002-03 and 2003-04 exclude lump sum payments made to the dentists and dental surgeons in lieu of retroactive amendments to the Payment Schedule.

⁴ Includes payments for rural emergency coverage but excludes payments for specialist emergency coverage.

⁵ Fee schedule increases are based on theoretical values of fee and new items increases.

⁵ The change in utilization may be affected by changes in data capture for physicians participating in non-fee-for-service arrangements.

Table 2
Adjustments and Recoveries by the Medical Services Plan

	2003-04		2004-05	
	Number of Practitioners	Adjustment or Recovery (000's)	Number of Practitioners	Adjustment or Recovery (000's)
Routine Assessment on In-Province Claims ¹	1,970	\$4,549.5	2,005	\$5,460.4
Routine Assessment on Out-of-Province Claims ¹	--	928.5	--	1,008.0
Special MSP Studies and Professional Review Activity ²	15	130.8	18	226.0
Third Party Liability Recoveries	--	2,999.8	--	2,986.5
Total	--	\$8,608.6	--	\$9,681.0

¹ The dollar adjustments represent the difference between the amount on claims submitted and the amount assessed, including adjustments resulting from verification programs. The In-Province number is net of time of day, paediatric and age premiums, which are system generated, and the patient's co-payment portion on chiropractor claims.

² The dollar amounts are recoveries resulting from the correction of payments as revealed by special studies by the MSP and Professional Review Committees.

Table 3
Claims Received by Method of Billing

Claims Received from:	Number of Claims Received		Per Cent of Claims Received	
	2003-04	2004-05	2003-04	2004-05
Physicians	8,371,828	8,125,807	89.81	89.67
In-Province Claim Forms ^{1,4}	46,703	38,307	0.50	0.42
In-Province Direct Input ^{1,4}	8,062,568	7,826,030	86.50	86.36
Out-of-Province Reciprocal Billing ²	260,652	259,687	2.80	2.87
Other Out-of-Province.....	1,905	1,783	0.02	0.02
Optometrists ³	113,158	112,180	1.21	1.24
In-Province Claim Forms ⁴	63,987	56,495	0.69	0.62
In-Province Direct Input ⁴	46,659	53,083	0.50	0.59
Out-of-Province.....	2,512	2,602	0.03	0.03
Chiropractors ³	828,046	816,078	8.88	9.01
In-Province Claim Forms.....	6,918	7,514	0.07	0.08
In-Province Direct Input.....	816,167	802,976	8.76	8.86
Out-of-Province.....	4,961	5,588	0.05	0.06
Beneficiaries	8,226	7,872	0.09	0.09
In-Province.....	250	259	0.00	0.00
Out-of-Province.....	7,976	7,613	0.09	0.08
Total	9,321,258	9,061,937	100.00	100.00

¹ Includes claims for services provided to beneficiaries of other provinces through reciprocal billing arrangements. Includes claims for insured dental services.

² Claims for services provided to Saskatchewan beneficiaries in other provinces through reciprocal billing arrangements.

³ Includes claims for optometrist and chiropractor services covered by the Supplementary Health Program.

⁴ Includes claims for SGI driver medicals and visual exams.

Table 4
Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 2004		Rate Per 1,000 Beneficiaries			
	Male	Female	Services		Payments	
			Male	Female	Male	Female
A. Physicians						
Under 1	6,093	5,832	15,619	13,393	650,301	524,786
1 - 4	24,926	23,963	8,270	7,415	285,980	250,986
5 - 14	72,215	68,811	4,698	4,514	133,533	124,595
15 - 24	80,124	76,301	4,605	10,042	146,205	311,367
25 - 44	136,820	135,252	5,841	12,393	189,363	412,285
45 - 64	121,168	118,925	10,245	13,799	366,964	461,914
65 and over	64,182	83,445	23,779	23,609	876,184	798,505
All Beneficiaries.....	505,528	512,529	9,053	12,916	314,634	426,772
B. Optometrists						
Under 1	6,093	5,832	7	8	276	274
1 - 4	24,926	23,963	128	139	5,062	5,530
5 - 14	72,215	68,811	415	455	16,624	18,174
15 - 24	80,124	76,301	132	180	5,320	7,212
25 - 44	136,820	135,252	16	35	539	1,191
45 - 64	121,168	118,925	27	32	705	830
65 and over	64,182	83,445	21	39	546	1,024
All Beneficiaries.....	505,528	512,529	100	117	3,855	4,449
C. Chiropractors						
Under 1	6,093	5,832	75	68	1,024	922
1 - 4	24,926	23,963	52	57	747	802
5 - 14	72,215	68,811	158	148	2,133	1,995
15 - 24	80,124	76,301	333	538	4,085	6,594
25 - 44	136,820	135,252	856	1,331	10,208	16,426
45 - 64	121,168	118,925	1,116	1,544	13,068	18,020
65 and over	64,182	83,445	742	793	8,723	9,371
All Beneficiaries.....	505,528	512,529	672	942	8,004	11,339
D. Dentists						
Under 1	6,093	5,832	1	1	166	164
1 - 4	24,926	23,963	1	1	58	55
5 - 14	72,215	68,811	11	18	802	1,011
15 - 24	80,124	76,301	24	39	2,309	3,015
25 - 44	136,820	135,252	13	22	940	1,453
45 - 64	121,168	118,925	19	30	1,556	2,375
65 and over	64,182	83,445	12	12	1,003	929
All Beneficiaries.....	505,528	512,529	15	23	1,240	1,675

Notes: 1) Includes out-of-province services and costs.

2) Includes optometric and chiropractic services covered by the Supplementary Health Program.

3) Excludes any lump sum payments made to the SMA for distribution to physicians due to delayed implementation of Payment Schedule amendments.

4) Excludes payments for specialist and rural emergency coverage programs.

5) Comparisons of services to previous years' Annual Statistical Reports would be affected by the time of day, age and paediatric premiums which are no longer counted as individual services.

Table 5
Beneficiaries, Payments and Services by Dollar Value of Benefits

Dollar Value of Benefits	2003-04				2004-05			
	Number of Beneficiaries	% of Beneficiaries	% of Payments	% of Services	Number of Beneficiaries	% of Beneficiaries	% of Payments	% of Services
A. Physicians Only								
\$ 0.00 ¹	132,445	13.1	--	<0.1	147,404	14.5	--	<0.1
\$ 0.01 - \$ 25.00.....	70,976	7.0	0.4	0.7	63,771	6.3	0.4	0.6
\$ 25.01 - \$ 50.00.....	78,457	7.8	0.9	1.3	69,866	6.9	0.8	1.1
\$ 50.01 - \$ 100.00.....	139,904	13.9	3.1	4.3	130,553	12.8	2.6	3.6
\$100.01 - \$ 250.00.....	243,942	24.2	11.8	15.5	237,231	23.3	10.4	13.7
\$250.01 - \$ 500.00.....	162,353	16.1	16.9	19.9	168,584	16.6	15.9	18.9
\$500.01 - \$1,000.00.....	100,943	10.0	20.8	21.5	110,064	10.8	20.4	21.6
\$1,000.01-\$1,500.00.....	38,318	3.8	13.8	12.3	40,773	4.0	13.2	12.2
\$1,500.01-\$2,000.00.....	18,092	1.8	9.2	7.8	21,338	2.1	9.7	8.4
\$2,000.01-\$5,000.00.....	19,127	1.9	15.8	12.4	24,368	2.4	18.2	14.5
Over \$5,000.00.....	3,196	0.3	7.2	4.3	4,105	0.4	8.5	5.3
Total	1,007,753	100.0	100.0	100.0	1,018,057	100.0	100.0	100.0
B. Optometrists Only								
\$ 0.00 ¹	909,918	90.3	--	<0.1	918,548	90.2	--	<0.1
\$ 0.01 - \$ 25.00.....	2,288	0.2	1.1	2.1	2,240	0.2	1.0	2.0
\$ 25.01 - \$ 50.00.....	85,415	8.5	84.7	78.7	86,877	8.5	84.6	78.6
Over \$50.00.....	10,132	1.0	14.2	19.2	10,392	1.0	14.3	19.4
Total	1,007,753	100.0	100.0	100.0	1,018,057	100.0	100.0	100.0
C. Chiropractors Only								
\$ 0.00 ¹	898,264	89.1	--	<0.1	905,307	88.9	--	0.1
\$ 0.01 - \$ 25.00.....	33,160	3.3	6.3	5.9	26,129	2.6	4.2	3.9
\$ 25.01 - \$ 50.00.....	22,239	2.2	9.2	9.2	30,646	3.0	11.1	11.0
\$ 50.01 - \$ 100.00.....	25,626	2.5	19.8	20.1	26,114	2.6	19.3	19.8
\$100.01 - \$ 250.00.....	21,977	2.2	36.3	37.2	22,713	2.2	35.7	36.7
\$250.01 - \$ 500.00.....	5,296	0.5	19.0	19.0	5,790	0.6	19.6	19.6
Over \$500.00.....	1,191	0.1	9.5	8.5	1,358	0.1	10.2	9.0
Total	1,007,753	100.0	100.0	100.0	1,018,057	100.0	100.0	100.0

¹ The number of beneficiaries in this category is a residual, representing the difference between the number for whom a claim was paid at any time during the year and the total of beneficiaries at June 30 of the stated year.

Notes: 1) Includes out-of-province services and costs.

2) Includes optometric and chiropractic services covered by the Supplementary Health Program.

3) Excludes any lump sum payments made to the SMA for distribution to physicians due to delayed implementation of Payment Schedule amendments.

4) Excludes payments for specialist and rural emergency coverage programs.

5) Comparisons of services to previous years' Annual Statistical Reports would be affected by the time of day, age and paediatric premiums which are no longer counted as individual services.

Table 6
Physician Services and Payments by Age and Sex (In- & Out-of-Province)

Age Groups	Sex	Population		Per Cent Treated	Average Per Person Insured		Average Per Person Treated		Average Payment Per Service
		Insured ¹	Treated ²		Services	Cost	Services	Cost	
Under 1	M	6,093	7,182	100.00	15.62	650.30	13.25	551.70	41.63
	F	5,832	6,685	100.00	13.39	524.79	11.68	457.82	39.18
	T	11,925	13,867	100.00	14.53	588.92	12.50	506.44	40.53
1 - 4	M	24,926	22,857	91.70	8.27	285.98	9.02	311.87	34.58
	F	23,963	21,793	90.94	7.42	250.99	8.15	275.98	33.85
	T	48,889	44,650	91.33	7.85	268.83	8.60	294.35	34.24
5 - 9	M	33,513	26,658	79.55	5.04	144.15	6.34	181.22	28.60
	F	32,232	25,590	79.39	4.83	134.80	6.08	169.78	27.92
	T	65,745	52,248	79.47	4.94	139.56	6.21	175.62	28.28
10 - 14	M	38,702	28,637	73.99	4.40	124.34	5.95	168.04	28.25
	F	36,579	27,157	74.24	4.24	115.61	5.71	155.71	27.27
	T	75,281	55,794	74.11	4.32	120.10	5.83	162.04	27.78
15 - 19	M	40,834	30,509	74.71	4.66	148.69	6.24	199.01	31.91
	F	38,841	33,415	86.03	8.12	244.09	9.44	283.72	30.06
	T	79,675	63,924	80.23	6.35	195.20	7.91	243.29	30.76
20 - 24	M	39,290	28,442	72.39	4.55	143.62	6.28	198.40	31.59
	F	37,460	35,194	93.95	12.03	381.13	12.81	405.67	31.67
	T	76,750	63,636	82.91	8.20	259.54	9.89	313.03	31.65
25 - 29	M	33,710	23,868	70.80	4.95	158.19	7.00	223.43	31.93
	F	32,462	30,266	93.24	14.03	479.81	15.05	514.62	34.19
	T	66,172	54,134	81.81	9.41	315.97	11.50	386.23	33.59
30 - 34	M	30,916	22,256	71.99	5.50	176.84	7.64	245.64	32.16
	F	30,586	27,650	90.40	13.32	452.12	14.74	500.13	33.93
	T	61,502	49,906	81.15	9.39	313.74	11.57	386.64	33.41
35 - 39	M	32,616	23,444	71.88	6.02	195.43	8.38	271.89	32.46
	F	32,563	28,308	86.93	11.36	371.77	13.07	427.65	32.72
	T	65,179	51,752	79.40	8.69	283.53	10.94	357.09	32.63
40 - 44	M	39,578	29,488	74.51	6.72	220.70	9.02	296.21	32.86
	F	39,641	34,765	87.70	11.18	359.54	12.75	409.97	32.16
	T	79,219	64,253	81.11	8.95	290.17	11.03	357.76	32.42
45 - 49	M	39,412	30,485	77.35	7.61	256.22	9.83	331.25	33.68
	F	38,596	34,499	89.38	11.86	387.68	13.27	433.72	32.69
	T	78,008	64,984	83.30	9.71	321.26	11.66	385.65	33.08
50 - 54	M	33,774	27,912	82.64	9.45	329.13	11.43	398.25	34.83
	F	32,532	30,283	93.09	13.39	438.63	14.38	471.20	32.76
	T	66,306	58,195	87.77	11.38	382.85	12.97	436.21	33.63
55 - 59	M	27,253	23,911	87.74	11.81	436.89	13.46	497.96	36.99
	F	26,743	25,229	94.34	15.04	511.36	15.94	542.04	34.00
	T	53,996	49,140	91.01	13.41	473.77	14.74	520.59	35.33
60 - 64	M	20,729	18,615	89.80	14.50	547.23	16.14	609.37	37.75
	F	21,054	19,920	94.61	16.41	571.18	17.34	603.70	34.81
	T	41,783	38,535	92.23	15.46	559.30	16.76	606.44	36.17
65 - 69	M	17,709	16,458	92.94	17.99	703.69	19.36	757.18	39.11
	F	18,651	17,881	95.87	18.57	665.77	19.37	694.44	35.86
	T	36,360	34,339	94.44	18.29	684.24	19.36	724.51	37.42
70 - 74	M	16,181	15,420	95.30	21.59	831.69	22.66	872.73	38.52
	F	18,219	17,354	95.25	20.56	743.24	21.58	780.29	36.15
	T	34,400	32,774	95.27	21.04	784.85	22.09	823.78	37.29
75 & Over	M	30,292	31,304	100.00	28.33	1000.80	27.42	968.44	35.32
	F	46,575	47,762	100.00	26.82	873.27	26.15	851.57	32.56
	T	76,867	79,066	100.00	27.42	923.53	26.65	897.84	33.69
Total all ages	M	505,528	407,446	80.60	9.05	314.63	11.23	390.37	34.76
	F	512,529	463,751	90.48	12.92	426.77	14.27	471.66	33.04
	T	1,018,057	871,197	85.57	11.00	371.09	12.85	433.64	33.74

¹ As at June 30, 2004.

² Population treated at anytime during the fiscal year.

Notes: 1) Excludes payments for specialist and rural emergency coverage programs and any lump sum payments made to the SMA due to delayed implementation of Payment Schedule amendments.

2) Comparisons of services to previous years' Annual Statistical Reports would be affected by the time of day, age and paediatric premiums which are no longer counted as individual services.

Table 7
Services by Type of Service

Type of Service ¹	Number of Services (000's)		Number of Services Per 1,000 Beneficiaries		Per Cent Change 2003-04 to 2004-05
	2003-04	2004-05	2003-04	2004-05	
In-Province Physician Services.....	10,601.5	10,677.1	10,520	10,488	-0.31
Consultations.....	469.9	470.6	466	462	-0.86
Major Assessments.....	409.2	416.2	406	409	0.68
Other Assessments.....	4,569.6	4,508.6	4,534	4,429	-2.33
Psychotherapy.....	341.9	347.3	339	341	0.55
	5,790.6	5,742.7	5,746	5,641	-1.83
 Hospital Care.....	 534.2	 573.8	 530	 564	 6.32
 Special Calls and Emergency.....	 341.1	 303.8	 338	 298	 -11.82
 Major Surgery.....	 106.2	 108.5	 105	 107	 1.15
Minor Surgery.....	225.0	232.6	223	229	2.36
Surgical Assistance.....	116.5	119.7	116	118	1.67
Obstetrics.....	23.5	22.7	23	22	-4.40
Anaesthesia.....	576.7	587.8	572	577	0.88
	1,047.9	1,071.3	1,040	1,052	1.20
 Diagnostic Radiology.....	 258.7	 258.0	 257	 253	 -1.30
Laboratory Services.....	458.9	453.2	455	445	-2.25
Other Diagnostic and Therapeutic Services.....	1,514.1	1,528.9	1,502	1,502	-0.05
Special and Miscellaneous Services.....	656.0	745.6	651	732	12.50
	2,887.7	2,985.6	2,866	2,933	2.34
In-Province Dental Services.....	18.3	19.4	18	19	4.98
In-Province Optometric Services.....	106.3	108.2	105	106	0.84
Refractions by Optometrists.....	94.1	95.7	93	94	0.74
Other Optometric Services.....	12.2	12.5	12	12	1.60
In-Province Chiropractic Services.....	777.9	800.8	772	787	1.89
Chiropractic Visit Services.....	776.7	800.0	771	786	1.95
Chiropractic X-Ray Services.....	1.2	0.8	1	1	-34.72
Out-of-Province Services					
Physician Services.....	515.1	519.1	511	510	-0.24
Dental Services.....	0.1	0.1	--	--	--
Optometric Services.....	2.5	2.5	2	2	-1.37
Chiropractic Services.....	21.9	21.8	22	21	-1.37
All Services.....	12,043.5	12,149.0	11,951	11,933	-0.15

¹ The "Introductory Notes", page 10, describe inclusions in these classifications.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) Comparisons of services to previous years' Annual Statistical Reports would be affected by the time of day, age and paediatric premiums which are no longer counted as individual services.

Table 8
Payments by Type of Service

Type of Service ¹	Dollar Payments (000's)		Dollar Payments Per 1,000 Beneficiaries		
	2003-04	2004-05	2003-04	2004-05	Per Cent Change
					2003-04 to 2004-05
In-Province Physician Services.....	325,503	363,604	322,999	357,155	10.57
Consultations.....	34,817	39,425	34,549	38,726	12.09
Major Assessments.....	20,539	24,040	20,381	23,613	15.86
Other Assessments.....	111,741	122,871	110,881	120,692	8.85
Psychotherapy.....	10,211	11,867	10,133	11,656	15.04
	177,309	198,202	175,944	194,687	10.65
Hospital Care.....	10,468	12,112	10,388	11,897	14.53
Special Calls and Emergency.....	6,334	6,247	6,285	6,136	-2.38
Major Surgery.....	32,042	35,438	31,795	34,809	9.48
Minor Surgery.....	5,598	5,963	5,555	5,857	5.45
Surgical Assistance.....	5,837	6,836	5,842	6,715	14.95
Obstetrics.....	6,600	6,644	6,549	6,527	-0.34
Anaesthesia.....	17,697	21,194	17,561	20,818	18.54
	67,823	76,075	67,302	74,726	11.03
Diagnostic Radiology.....	10,110	10,676	10,032	10,487	4.53
Laboratory Services.....	1,390	1,394	1,379	1,369	-0.72
Other Diagnostic and Therapeutic Services.....	41,198	46,159	40,881	45,340	10.91
Special and Miscellaneous Services ²	10,872	12,739	10,788	12,513	15.99
	63,569	70,968	63,080	69,709	10.51
In-Province Dental Services.....	1,346	1,443	1,336	1,417	6.11
In-Province Optometric Services.....	4,026	4,129	3,995	4,055	1.52
Refractions by Optometrists.....	3,849	3,945	3,819	3,875	1.46
Other Optometric Services.....	177	184	176	180	2.80
In-Province Chiropractic Services.....	9,076	9,607	9,006	9,436	4.78
Chiropractic Visit Services.....	9,050	9,588	8,980	9,418	4.87
Chiropractic X-Ray Services.....	26	19	26	19	-27.58
Out-of-Province Services					
Physician Services.....	19,953	20,315	19,799	19,955	0.79
Dental Services.....	9	43	9	42	351.56
Optometric Services.....	100	100	100	99	-0.94
Chiropractic Services.....	243	251	241	246	2.14
All Services.....	360,256	399,491	357,484	392,406	9.77

¹ The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

² Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) Excludes any lump sum payments made to the SMA for distribution to physicians due to delayed implementation of Payment Schedule amendments.

3) Excludes lump sum payments made to the dentists and dental surgeons in lieu of retroactive amendments to the Payment Schedule.

4) Payments for services in the United States have not been adjusted to reflect their value in Canadian funds.

5) Comparisons of payments by type of service to previous years' Annual Statistical Reports would be affected by the time of day, age and paediatric premiums which are no longer counted as individual services.

Table 9
Average Payment Per Service by Type of Service
and Type of Practitioner

Type of Service ¹	2003-04			2004-05		
	General Practitioners (\$)	Specialists (\$)	All Practitioners (\$)	General Practitioners (\$)	Specialists (\$)	All Practitioners (\$)
In-Province Physician Services.....	23.02	45.56	30.70	25.44	50.22	34.05
Consultations.....	50.66	75.21	74.09	62.25	84.85	83.77
Major Assessments.....	48.35	55.26	50.19	57.02	60.09	57.76
Other Assessments.....	24.15	27.81	24.45	26.71	32.69	27.25
Psychotherapy.....	23.91	41.41	29.87	27.98	48.00	34.17
	25.79	52.44	30.62	28.99	58.72	34.51
Hospital Care.....	20.58	18.17	19.60	21.62	20.38	21.11
Special Calls and Emergency.....	18.14	19.82	18.57	20.09	21.73	20.56
Major Surgery.....	186.74	308.17	301.80	201.30	333.11	326.64
Minor Surgery.....	18.47	46.01	24.88	18.59	48.01	25.63
Surgical Assistance.....	42.89	96.40	50.53	47.81	118.95	57.13
Obstetrics.....	323.82	253.74	280.56	331.06	270.55	292.46
Anaesthesia.....	26.43	31.25	30.69	30.58	36.74	36.06
	37.25	78.79	64.72	39.07	71.58	71.01
Diagnostic Radiology.....	--	39.08	39.08	--	41.39	41.39
Laboratory Services.....	2.91	4.79	3.03	2.95	5.30	3.08
Other Diagnostic and Therapeutic Services.....	9.70	32.06	27.21	10.76	35.39	30.19
Special and Miscellaneous Services ²	7.05	11.70	7.72	8.15	12.58	8.86
	6.36	31.50	20.00	7.14	34.17	21.72
In-Province Dental Services.....	--	--	73.43	--	--	74.22
In-Province Optometric Services.....	--	--	37.89	--	--	38.14
Refractions by Optometrists.....	--	--	40.91	--	--	41.20
Other Optometric Services.....	--	--	14.53	--	--	14.70
In-Province Chiropractic Services.....	--	--	11.67	--	--	12.00
Chiropractic Visit Services.....	--	--	11.65	--	--	11.99
Chiropractic X-Ray Services.....	--	--	21.44	--	--	23.78
Out-of-Province Services						
Physician Services.....	33.66	42.48	38.74	34.44	42.66	39.14
Dental Services.....	--	--	169.72	--	--	495.15
Optometric Services.....	--	--	40.08	--	--	40.30
Chiropractic Services.....	--	--	11.11	--	--	11.51
All Services.....	23.34	45.33	29.91	25.72	49.66	32.88

¹ The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

² Excludes payments for specialist and rural emergency coverage programs to avoid distortion.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) Excludes any lump sum payments made to the SMA for distribution to physicians due to delayed implementation of Payment Schedule amendments.

3) Excludes lump sum payments made to the dentists and dental surgeons in lieu of retroactive amendments to the Payment Schedule.

4) Comparisons of payments by type of service to previous years' Annual Statistical Reports would be affected by the time of day, age and paediatric premiums which are no longer counted as individual services.

Table 10
Per Cent of Services and Payments by Type of Service

Type of Service ¹	Per Cent of Total Services		Per Cent of Total Payments	
	2003-04	2004-05	2003-04	2004-05
In-Province Physician Services.....	88.03	87.88	90.35	91.02
Consultations.....	3.90	3.87	9.66	9.87
Major Assessments.....	3.40	3.43	5.70	6.02
Other Assessments.....	37.94	37.11	31.02	30.76
Psychotherapy.....	2.84	2.86	2.83	2.97
	48.08	47.27	49.22	49.61
Hospital Care.....	4.44	4.72	2.91	3.03
Special Calls and Emergency.....	2.83	2.50	1.76	1.56
Major Surgery.....	0.88	0.89	8.89	8.87
Minor Surgery.....	1.87	1.91	1.55	1.49
Surgical Assistance.....	0.97	0.98	1.63	1.71
Obstetrics.....	0.20	0.19	1.83	1.66
Anaesthesia.....	4.79	4.84	4.91	5.31
	8.70	8.82	18.83	19.04
Diagnostic Radiology.....	2.15	2.12	2.81	2.67
Laboratory Services.....	3.81	3.73	0.39	0.35
Other Diagnostic and Therapeutic Services.....	12.57	12.58	11.44	11.55
Special and Miscellaneous Services².....	5.45	6.14	3.02	3.19
	23.98	24.57	17.65	17.76
In-Province Dental Services.....	0.15	0.16	0.37	0.36
In-Province Optometric Services.....	0.88	0.89	1.12	1.03
Refractions by Optometrists.....	0.78	0.79	1.07	0.99
Other Optometric Services.....	0.10	0.10	0.05	0.05
In-Province Chiropractic Services.....	6.46	6.59	2.52	2.40
Chiropractic Visit Services.....	6.45	6.58	2.51	2.40
Chiropractic X-Ray Services.....	0.01	0.01	0.01	0.00
Out-of-Province Services				
Physician Services.....	4.28	4.27	5.54	5.09
Dental Services.....	0.00	0.00	0.00	0.01
Optometrist Services.....	0.02	0.02	0.03	0.03
Chiropractic Services.....	0.18	0.18	0.07	0.06
All Services.....	100.00	100.00	100.00	100.00

¹ The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

² Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) Excludes any lump sum payments made to the SMA for distribution to physicians due to delayed implementation of Payment Schedule amendments.

3) Excludes lump sum payments made to the dentists and dental surgeons in lieu of retroactive amendments to the Payment Schedule.

4) Comparison to the previous year's Annual Statistical Report would be affected by the time of day, age and paediatric premiums which are no longer counted as individual services.

Table 11
Payments (\$000's) for Out-of-Province Services by Location
and Type of Practitioner

Type of Practitioner	Location of Services								
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
General Practitioners.....	7,664.1	86.0	21.8	248.4	1,133.4	5,324.2	779.1	47.0	24.2
Specialists									
Paediatricians and									
Medical Geneticists.....	932.2	1.6	2.9	15.9	38.3	729.9	28.1	113.1	2.4
Internists and Physiatrists.....	1,654.8	12.9	4.2	63.4	150.5	1,245.5	107.3	69.0	2.2
Neurologists.....	139.5	0.8	0.7	5.1	24.5	95.8	9.8	2.7	0.1
Psychiatrists.....	658.1	1.4	8.8	31.2	37.1	537.0	40.5	2.0	0.0
Dermatologists.....	99.5	0.9	0.5	3.1	3.4	84.7	4.8	1.4	0.6
Anaesthetists.....	1,569.0	6.3	7.3	80.6	86.0	1,247.1	91.4	49.1	1.2
General and									
Thoracic Surgeons.....	1,881.6	9.4	1.9	42.7	126.0	1,559.6	64.8	76.2	1.2
Orthopaedic Surgeons.....	599.2	8.6	6.6	25.4	59.3	422.9	60.8	14.2	1.3
Plastic and									
Reconstructive Surgeons.....	199.2	0.0	0.3	7.4	14.1	163.0	8.7	5.0	0.6
Neurological Surgeons.....	166.8	0.2	2.5	56.5	29.0	59.8	12.2	6.4	0.3
Obstetricians and									
Gynaecologists.....	739.8	4.6	3.6	23.5	38.0	637.4	31.4	1.2	0.1
Urological Surgeons.....	174.5	0.5	0.9	15.2	16.6	125.3	13.2	2.6	0.2
Ophthalmologists.....	386.4	1.6	0.2	6.8	20.8	320.4	33.7	2.3	0.5
Otolaryngologists.....	301.9	1.7	0.5	5.1	7.0	250.1	19.4	17.8	0.3
Pathologists.....	2,012.9	0.3	0.1	47.1	18.6	1,851.9	89.0	5.3	0.5
Diagnostic Radiologists.....	1,199.7	3.9	0.4	33.0	92.9	976.9	33.1	58.7	0.9
All Physicians.....	20,379.2	140.7	63.2	710.4	1,895.4	15,631.4	1,427.4	474.2	36.4
Dentists.....	42.6	0.0	0.0	9.5	24.6	8.0	0.4	0.1	0.0
Optometrists.....	100.5	0.0	0.0	0.0	14.9	85.2	0.3	0.0	0.0
Chiropractors.....	250.8	0.2	0.0	5.1	88.9	150.6	4.0	1.9	0.2

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.
2) Saskatchewan reimburses the other provinces or territories, except Quebec, for physician services according to the physician Payment Schedule rates of the other provinces or territories. See "Out-of-Province Services" on page 8.
3) Payments for services in the United States have been adjusted to reflect their value in Canadian funds.

Table 12
Payments (\$000's) to Saskatchewan Physicians for Services
Provided to Beneficiaries of Other Provinces or Territories

Type of Practitioner	Home Province or Territory of Beneficiary											
	All found- Locations	New- land	PEI	Scotia	New Nova Brunswick	Ontario	Manitoba	Alberta	British Columbia	NWT	Yukon	Nunavut
General Practitioners.....	2,718.7	20.3	4.9	30.8	21.1	247.8	739.9	1,159.9	450.4	23.8	11.5	8.3
Specialists												
Paediatricians and												
Medical Geneticists.....	107.5	0.7	0.0	0.3	0.7	7.5	38.0	45.1	13.3	1.1	0.5	0.4
Internists and Physiatrists.....	380.6	0.6	0.2	2.7	1.4	25.4	135.9	152.2	57.3	3.0	1.5	0.4
Neurologists.....	41.3	0.4	0.0	0.2	0.3	1.8	16.3	15.7	6.1	0.3	0.0	0.1
Cardiologists.....	139.7	1.3	0.0	0.1	0.7	7.7	61.4	44.0	22.8	1.5	0.3	0.0
Psychiatrists.....	118.2	6.1	0.0	1.2	2.2	12.2	23.6	44.6	22.7	1.9	2.4	1.3
Dermatologists.....	19.5	0.0	0.1	0.1	0.0	1.3	7.5	7.4	2.5	0.3	0.4	0.1
Anaesthetists.....	328.9	2.2	0.4	0.9	1.1	20.1	121.2	133.5	43.7	3.9	1.0	0.8
General Surgeons.....	353.8	1.5	0.0	0.8	3.1	12.1	111.7	180.4	38.9	4.5	0.3	0.5
Cardiac Surgeons.....	77.8	0.0	0.0	0.0	0.0	3.6	57.0	7.2	10.1	0.0	0.0	0.0
Orthopaedic Surgeons.....	166.6	0.8	0.4	1.8	1.4	10.9	49.8	74.6	23.4	1.0	1.0	1.6
Plastic and												
Reconstructive Surgeons.....	56.9	0.2	0.0	0.1	1.2	3.3	16.8	27.8	6.8	0.6	0.1	0.0
Neurological Surgeons.....	51.1	0.6	0.0	0.0	0.3	7.3	18.5	22.9	1.4	0.0	0.0	0.0
Obstetricians and												
Gynaecologists.....	314.2	1.8	1.2	1.9	1.3	14.5	194.0	75.8	17.0	3.8	1.5	1.4
Urological Surgeons.....	97.3	0.1	0.6	0.1	0.2	4.2	58.9	21.1	10.7	1.0	0.2	0.2
Ophthalmologists.....	455.4	0.2	0.0	1.0	0.6	7.9	399.4	33.4	12.0	0.6	0.1	0.4
Otolaryngologists.....	150.1	0.2	0.1	0.8	0.2	2.8	44.6	97.5	3.6	0.2	0.1	0.1
Pathologists.....	53.1	0.2	0.1	0.7	0.6	8.3	9.3	22.4	9.6	1.0	0.4	0.6
Diagnostic Radiologists.....	466.1	1.7	0.5	2.5	1.3	20.4	60.2	337.9	36.0	3.3	0.9	1.4
All Physicians.....	6,096.7	38.8	8.5	45.8	37.6	419.1	2,163.7	2,503.4	788.1	51.7	22.1	17.8

Notes: 1) Quebec is the only province that does not participate in a reciprocal billing agreement between provinces. See "Out-of-Province Services" on page 8.

2) Saskatchewan is reimbursed by the other provinces or territories at Saskatchewan physician Payment Schedule rates.

Table 13a
Payments (\$000's) for Out-of-Province Hospital Services
By Location and Type of Care

	Location of Services								
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment – High Cost Procedures									
Intermediate/Complex Cardiovascular Paediatric.....	2,062.6	0.0	0.0	0.0	0.0	2,062.6	0.0	0.0	0.0
Defibrillator Pacemaker Implantation.....	1,305.5	0.0	0.0	0.0	0.0	1,305.5	0.0	0.0	0.0
Cardiac Surgery with or without Valve Replacement.....	1,267.0	9.9	0.0	45.1	0.0	1,198.5	13.5	0.0	0.0
Bone Marrow/Stem Cell Transplant.....	847.0	0.0	0.0	0.0	533.2	313.8	0.0	0.0	0.0
Liver Transplant.....	624.1	0.0	0.0	0.0	0.0	624.1	0.0	0.0	0.0
Cardiac Catheterization with or without Stent(s).....	585.2	3.8	0.0	58.9	26.0	470.9	25.6	0.0	0.0
Lung Transplant.....	444.5	0.0	0.0	0.0	111.1	333.4	0.0	0.0	0.0
Cochlear Implant.....	350.4	0.0	0.0	0.0	0.0	31.6	0.0	318.8	0.0
Special Out-of-Country.....	317.0	0.0	0.0	0.0	0.0	0.0	0.0	311.9	5.1
Other Pacemaker Insertion or Replacement.....	288.3	0.0	0.0	31.1	11.3	241.4	4.5	0.0	0.0
Heart Transplant.....	150.4	0.0	0.0	0.0	0.0	150.4	0.0	0.0	0.0
Kidney Transplant.....	105.5	0.0	0.0	0.0	0.0	105.5	0.0	0.0	0.0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis									
I. Infectious & Parasitic Diseases.....	582.3	0.0	0.0	2.1	64.3	478.3	35.2	0.4	1.9
II. Neoplasms.....	2,341.9	35.7	7.3	187.9	247.9	1,556.4	305.9	0.7	0.0
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	710.4	31.4	0.0	50.3	14.9	605.8	6.2	1.6	0.2
IV. Diseases of Blood & Blood-Forming Organs.....	174.1	0.0	3.7	8.9	4.0	148.5	8.7	0.3	0.0
V. Mental Disorders.....	1,916.0	13.0	29.3	133.2	353.0	1,035.5	349.3	2.8	0.0
VI. Diseases of the Nervous System & Sense Organs.....	605.2	1.0	44.5	43.4	14.3	472.4	29.0	0.5	0.1
VII. Diseases of the Circulatory System.....	2,526.4	45.2	0.0	182.8	153.1	1,846.9	275.6	19.1	3.7
VIII. Diseases of the Respiratory System.....	1,553.9	6.0	0.0	17.5	129.8	1,270.4	117.9	8.9	3.3
IX. Diseases of the Digestive System.....	2,347.7	14.6	0.8	69.2	194.1	1,912.6	141.8	7.8	6.9
X. Diseases of the Genitourinary System.....	744.2	6.7	0.0	16.5	79.9	579.4	55.5	3.8	2.3
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	870.1	4.4	4.3	32.6	91.5	559.7	177.0	0.1	0.4
XII. Diseases of the Skin & Subcutaneous Tissue.....	239.5	18.0	0.0	5.0	16.3	192.5	6.5	1.1	0.0
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	1,203.9	15.7	12.8	51.5	109.8	920.2	90.9	1.3	1.7
XIV. Congenital Anomalies.....	818.0	0.0	63.2	219.4	15.9	417.1	102.3	0.0	0.0
XV. Certain Conditions Originating in the Perinatal Period.....	590.2	11.8	0.0	10.6	63.0	407.2	96.4	0.0	1.1
XVI. Symptoms, Signs, & Ill-defined Conditions.....	866.7	17.9	0.0	78.0	111.6	576.2	76.3	4.2	2.5
XVII. Injury and Poisoning.....	2,835.9	12.3	6.9	124.2	177.5	2,134.9	362.1	11.4	6.6
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	1,918.8	2.0	5.2	63.3	157.2	1,404.2	286.6	0.3	0.0
Outpatient Treatment									
Standard Outpatient Visit.....	6,021.1	159.7	38.1	248.5	619.4	4,345.3	565.8	35.4	9.0
Day Care Surgery.....	599.7	2.0	2.0	48.0	54.4	462.0	30.2	1.0	0.1
Haemodialysis.....	99.9	0.0	0.0	2.6	57.0	39.3	0.0	0.9	0.0
Computerized Axial Tomography.....	336.1	2.4	1.8	12.7	50.9	232.1	35.3	0.9	0.0
Magnetic Resonance Imaging (MRI).....	236.6	2.6	1.3	19.4	36.1	166.3	10.1	0.7	0.0
Cancer Chemotherapy Visit.....	222.3	0.0	0.0	4.5	0.0	216.3	1.4	0.0	0.0
Special Out-of-Country.....	203.3	0.0	0.0	0.0	0.0	0.0	0.0	203.3	0.0
Other Outpatient Treatment.....	1,878.2	4.4	2.0	64.9	392.2	869.8	544.1	0.7	0.0
Total.....	40,789.9	420.7	223.2	1,832.2	3,889.9	29,687.1	3,754.0	937.9	45.0

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.

3) Although all Cochlear Implants are performed in Alberta, payment for the device itself is made to the United States.

4) Data for hospitalizations in Flin Flon and Bento (Manitoba) are not included.

5) Payments for services in the United States have been adjusted to reflect their value in Canadian funds.

Table 13b
Number of Out-of-Province Hospital Cases
By Location and Type of Care

	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Location of Services									
Inpatient Treatment – High Cost Procedures – Cases									
Intermediate/Complex Cardiovascular Paediatric	53	0	0	0	0	53	0	0	0
Defibrillator Pacemaker Implantation	44	0	0	0	0	44	0	0	0
Cardiac Surgery with or without Valve Replacement	86	1	0	5	0	79	1	0	0
Bone Marrow/Stem Cell Transplant	8	0	0	0	4	4	0	0	0
Liver Transplant	7	0	0	0	0	7	0	0	0
Cardiac Catheterization with or without Stent(s)	62	1	0	4	3	50	4	0	0
Lung Transplant	4	0	0	0	1	3	0	0	0
Cochlear Implant	8	0	0	0	0	8	0	0	0
Special Out-of-Country	12	0	0	0	0	0	0	11	1
Other Pacemaker Insertion or Replacement	17	0	0	1	1	14	1	0	0
Heart Transplant	2	0	0	0	0	2	0	0	0
Kidney Transplant	4	0	0	0	0	4	0	0	0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis – Cases									
I. Infectious & Parasitic Diseases	73	0	0	1	11	42	6	2	11
II. Neoplasms	236	1	2	21	23	163	25	1	0
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	104	1	0	7	5	81	4	4	2
IV. Diseases of Blood & Blood-Forming Organs	29	0	1	1	3	21	2	1	0
V. Mental Disorders	163	3	1	14	21	93	27	4	0
VI. Diseases of the Nervous System & Sense Organs	113	1	3	6	4	88	9	1	1
VII. Diseases of the Circulatory System	451	7	0	18	30	285	43	59	9
VIII. Diseases of the Respiratory System	337	2	0	7	32	248	24	14	10
IX. Diseases of the Digestive System	484	6	1	22	46	334	41	19	15
X. Diseases of the Genitourinary System	199	2	0	5	23	139	16	7	7
XI. Complications of Pregnancy, Childbirth & the Puerperium	331	2	2	17	39	246	22	1	2
XII. Diseases of the Skin & Subcutaneous Tissue	38	1	0	2	4	27	2	2	0
XIII. Diseases of the Musculoskeletal System & Connective Tissue	200	2	3	7	18	152	14	3	1
XIV. Congenital Anomalies	70	0	3	15	3	43	6	0	0
XV. Certain Conditions Originating in the Perinatal Period	81	1	0	2	12	61	4	0	1
XVI. Symptoms, Signs, & Ill-defined Conditions	278	9	0	16	16	176	33	18	10
XVII. Injury and Poisoning	512	5	3	20	34	350	64	17	19
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	555	2	4	14	35	470	29	1	0
Outpatient Treatment – Services									
Standard Outpatient Visit	44,517	1,198	285	1,832	4,470	31,369	4,436	720	207
Day Care Surgery	1,526	5	5	120	142	1,157	86	10	1
Haemodialysis	364	0	0	8	193	137	8	18	0
Computerized Axial Tomography	1,288	8	9	50	194	867	142	18	0
Magnetic Resonance Imaging (MRI)	356	4	2	30	53	250	16	1	0
Cancer Chemotherapy Visit	309	0	0	4	1	285	19	0	0
Special Out-of-Country	24	0	0	0	0	0	0	24	0
Other Outpatient Treatment	4,296	86	48	115	1,265	2,198	581	3	0
Total	57,241	1,348	372	2,364	6,686	39,550	5,665	959	297

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.
 2) Although all Cochlear Implants are performed in Alberta, the devices are purchased from the United States.
 3) Data for hospitalizations in Flin Flon and Berito (Manitoba) are not included.
 4) Inpatient MRIs are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 14a
Payments (\$000's) for Out-of-Province Residents Hospitalized
In Saskatchewan By Place of Residence and Type of Care

	All Locations	Home Province or Territory of Beneficiary					British Columbia
		Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	
Inpatient Treatment -- High Cost Procedures							
Cardiac Catheterization with or without Stent(s)	238.0	21.3	0.0	0.0	65.2	53.1	98.4
Cardiac Surgery with or without Valve Replacement	217.5	0.0	0.0	0.0	128.1	31.2	58.3
Bone Marrow/Stem Cell Transplant	56.2	0.0	0.0	0.0	56.2	0.0	0.0
Pacemaker Insertion or Replacement	45.0	0.0	0.0	0.0	20.8	24.2	0.0
Kidney Transplant	19.5	0.0	0.0	0.0	0.0	19.5	0.0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis							
I. Infectious & Parasitic Diseases	109.4	0.7	0.0	4.2	15.2	83.0	6.3
II. Neoplasms	427.2	2.0	0.6	0.0	201.7	161.9	60.9
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	186.5	2.0	0.0	8.7	78.7	55.9	41.2
IV. Diseases of Blood and Blood-Forming Organs	55.8	0.0	0.0	11.7	11.8	25.2	7.1
V. Mental Disorders	1,397.0	148.9	33.3	247.5	152.8	551.1	263.4
VI. Diseases of the Nervous System & Sense Organs	198.9	0.0	0.3	6.0	76.6	112.1	4.2
VII. Diseases of the Circulatory System	841.7	6.9	8.0	78.0	365.2	300.8	82.8
VIII. Diseases of the Respiratory System	531.5	19.9	3.8	48.4	184.3	199.4	95.6
IX. Diseases of the Digestive System	922.4	14.7	5.3	89.1	294.5	407.4	131.3
X. Diseases of the Genitourinary System	528.6	23.8	4.0	9.0	265.4	156.2	70.2
XI. Complications of Pregnancy, Childbirth & the Puerperium	370.4	42.1	11.1	28.9	108.0	149.5	30.8
XII. Diseases of the Skin and Subcutaneous Tissue	139.9	0.0	0.0	6.1	50.5	74.6	8.7
XIII. Diseases of the Musculoskeletal System & Connective Tissue	322.7	0.8	7.2	8.7	177.0	102.3	26.8
XIV. Congenital Anomalies	7.8	0.0	0.0	0.0	5.1	2.7	0.0
XV. Certain Conditions Originating in the Perinatal Period	333.5	44.8	2.3	6.4	62.8	51.6	165.6
XVI. Symptoms, Signs, and Ill-defined Conditions	402.9	2.0	4.7	26.0	133.6	99.9	136.6
XVII. Injury and Poisoning	1,099.5	8.5	13.0	84.7	211.6	554.8	226.9
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	404.6	10.7	0.0	79.1	176.8	94.7	43.3
Outpatient Treatment							
Standard Outpatient Visit	3,048.9	144.5	30.1	219.5	959.3	1,242.0	453.5
Day Care Surgery	494.8	9.6	2.0	6.0	347.6	112.8	16.8
Haemodialysis	75.6	0.0	0.0	3.2	14.6	9.4	48.4
Computerized Axial Tomography	59.6	2.1	0.5	4.7	23.4	22.0	6.9
Magnetic Resonance Imaging (MRI)	51.1	2.0	0.0	5.5	17.6	21.9	4.1
Cancer Chemotherapy Visit	64.6	0.0	0.0	5.8	41.0	17.5	0.3
Other Outpatient Treatment	61.8	2.2	0.3	4.4	26.3	23.0	5.5
Total	12,712.7	509.8	126.2	971.6	4,251.5	4,759.6	2,094.0

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.

Table 14b

Number of Saskatchewan Hospital Cases for Services Provided to Out-of-Province Residents by Place of Residence and Type of Care

	All Locations	Home Province or Territory of Beneficiary						British Columbia
		Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta		
Inpatient Treatment -- High Cost Procedures -- Cases								
Cardiac Catheterization with or without Stent(s).....	22	2	0	0	6	6	8	
Cardiac Surgery with or without Valve Replacement.....	13	0	0	0	9	2	2	
Bone Marrow/Stem Cell Transplant.....	2	0	0	0	2	0	0	
Pacemaker Insertion or Replacement.....	4	0	0	0	3	1	0	
Kidney Transplant.....	1	0	0	0	0	1	0	
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis -- Cases								
I. Infectious & Parasitic Diseases.....	37	1	0	3	8	22	3	
II. Neoplasms.....	70	1	1	0	43	20	5	
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	47	1	0	2	19	16	9	
IV. Diseases of Blood and Blood-Forming Organs.....	21	0	0	2	4	12	3	
V. Mental Disorders.....	177	13	5	19	17	99	24	
VI. Diseases of the Nervous System & Sense Organs.....	51	0	0	3	25	19	4	
VII. Diseases of the Circulatory System.....	188	7	2	14	71	64	30	
VIII. Diseases of the Respiratory System.....	196	8	2	15	48	99	24	
IX. Diseases of the Digestive System.....	253	3	1	26	71	121	31	
X. Diseases of the Genitourinary System.....	132	3	1	3	66	45	14	
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	149	9	2	12	61	53	12	
XII. Diseases of the Skin and Subcutaneous Tissue.....	30	0	0	1	12	14	3	
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	83	1	1	3	45	26	7	
XIV. Congenital Anomalies.....	3	0	0	0	2	1	0	
XV. Certain Conditions Originating in the Perinatal Period.....	41	2	2	2	15	16	4	
XVI. Symptoms, Signs, and Ill-defined Conditions.....	149	1	3	13	45	67	20	
XVII. Injury and Poisoning.....	251	3	4	26	60	115	43	
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	157	5	0	18	71	45	18	
Outpatient Treatment -- Services								
Standard Outpatient Visit.....	20,716	996	211	1,508	6,507	8,441	3,053	
Day Care Surgery.....	1,239	24	5	15	870	283	42	
Haemodialysis.....	278	0	0	11	51	53	163	
Computerized Axial Tomography.....	213	8	2	17	84	78	24	
Magnetic Resonance Imaging (MRI).....	76	3	0	8	26	33	6	
Cancer Chemotherapy Visit.....	70	0	0	1	42	26	1	
Other Outpatient Treatment.....	983	62	9	107	214	438	153	
Total.....	25,652	1,153	251	1,829	8,497	10,216	3,706	

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Inpatient MRIs are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 15
In-Province Physician Services by Type of Service and Type of Physician

Type of Service ¹ (000'S)	Type of Physician								
	General Practitioners	Paediatricians and Medical Geneticists	Internists and Physiatrists	Neurologists	Cardiologists	Psychiatrists	Dermatologists	General Surgeons	Cardiac Surgeons
Visits									
Consultations.....	22.5	26.6	95.0	24.5	19.1	7.9	16.9	56.9	3.2
Special Eye Examination.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Major Assessments.....	315.9	17.0	20.6	1.8	1.9	4.5	1.5	4.2	0.0
Other Assessments.....	4,097.8	35.4	67.8	3.3	6.6	14.9	14.3	41.9	1.7
Hospital Care Days.....	337.5	25.7	136.0	7.8	22.4	11.2	0.0	22.7	0.4
Special Calls and Emergency									
Surcharges.....	214.8	5.8	17.1	2.7	1.9	1.5	0.5	11.5	0.5
Premiums.....	2.4	0.2	1.0	0.0	0.2	0.0	0.0	0.1	0.0
Psychotherapy									
Base Time ²	147.9	1.2	0.4	0.7	0.0	60.4	0.0	0.1	0.0
Additional Time.....	91.9	0.8	0.3	0.1	0.0	40.0	0.0	0.0	0.0
Major Surgery.....	5.3	0.0	0.2	0.3	0.0	0.0	0.2	16.3	7.7
Minor Surgery.....	177.0	0.4	0.3	0.0	0.1	0.0	19.9	7.7	0.1
Surgical Assistance.....	104.0	0.0	0.0	0.0	0.0	0.0	0.0	5.2	1.5
Obstetrics.....	8.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Anaesthesia									
Operative.....	59.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Nerve Blocks and Epidurals.....	5.2	0.0	0.2	0.1	0.0	0.0	0.0	0.0	0.0
Diagnostic Radiology.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pathology/									
Laboratory Services.....	428.0	0.4	0.3	0.0	0.0	0.0	0.2	0.0	0.0
Diagnostic Ultrasound.....	2.1	2.2	16.1	0.0	23.1	0.0	0.0	0.0	0.0
Other Diagnostic and									
Therapeutic Services.....	320.8	139.6	343.6	11.9	94.0	6.2	20.0	41.3	0.5
Special Services.....	159.1	0.2	0.2	0.0	0.0	0.0	1.4	15.6	0.0
Miscellaneous Services ³	465.9	7.6	18.8	2.5	3.2	7.0	1.4	11.6	0.8
Total Services.....	6,966.0	263.1	717.9	55.8	172.5	153.7	76.2	235.3	16.3

¹ The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

² Represents the number of instances these types of services were provided during the year.

³ This category includes fee codes related to telephone/fax/email advice by physicians to physicians or allied health personnel and includes the fee code for hospital discharge and documentation.

Note: Comparison to the previous years' Annual Statistical Reports would be affected by the time of day, age and paediatric premiums which are no longer counted as individual services.

Table 15
(Continued)

Type of Physician									Total Services
Ortho- paedic Surgeons	Plastic and Recon- structive Surgeons	Neuro- logical Surgeons	Obstetri- cians and Gynaeco- logists	Urological Surgeons	Ophthal- mologists	Otolaryn- gologists	Anaes- thetists	Pathologists and Diagnostic Radiologists	
36.1	17.3	8.5	43.1	15.4	39.2	26.9	11.2	0.1	470.6
0.0	0.0	0.0	0.0	0.0	1.4	0.0	0.0	0.0	1.4
1.3	0.2	0.2	8.2	4.7	24.0	8.8	0.0	0.1	414.8
37.6	11.3	3.3	60.6	8.0	76.8	24.8	2.4	0.0	4,508.6
1.6	0.4	2.5	3.8	1.0	0.2	0.4	0.0	0.0	573.8
4.8	1.2	1.4	10.6	0.6	1.5	1.1	14.9	0.4	292.7
0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.2	0.0	11.2
0.0	0.0	0.0	1.4	0.0	0.0	0.0	0.0	0.0	212.2
0.0	0.0	0.0	2.0	0.0	0.0	0.0	0.0	0.0	135.1
16.5	7.8	2.8	6.9	5.0	32.0	7.6	0.0	0.0	108.5
1.7	8.5	0.0	1.8	1.3	8.8	4.9	0.0	0.0	232.6
2.7	0.9	1.2	2.7	1.3	0.0	0.2	0.0	0.0	119.7
0.0	0.0	0.0	14.5	0.0	0.0	0.0	0.0	0.0	22.7
0.0	0.0	0.0	0.0	0.0	0.0	0.0	493.5	0.0	553.3
0.1	0.0	0.2	0.0	0.0	0.0	0.0	28.6	0.1	34.5
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	258.0	258.0
0.0	0.0	0.0	22.9	1.4	0.0	0.0	0.0	0.0	453.2
0.0	0.0	0.0	16.5	0.9	12.4	0.0	0.3	99.6	173.1
9.7	1.2	0.2	20.4	11.4	196.7	106.0	11.1	21.2	1,355.8
0.0	0.5	0.0	19.5	0.0	0.0	0.0	0.0	0.0	196.6
5.7	1.0	1.9	11.5	4.4	4.1	1.2	0.1	0.4	549.0
117.8	50.3	22.2	246.5	55.4	397.0	181.9	569.4	379.8	10,677.1

Table 16
Selected In-Province Medical Procedures --
Patients, Services and Payments

Type of Procedure	Number of Services	Rate Per 1,000 Beneficiaries			Per Cent Change in Services/1000 2003-04 to 2004-05
		Patients	Payments	Services	
Electrocardiograms and Echocardiograms.....	383,437	156.48	7,770.37	376.64	0.70
Allergy Investigations and Hyposensitization Injections.....	296,659	10.22	585.20	291.40	-5.38
Submission of Papanicolaou Smear.....	127,763	228.67 ^f	2,391.44 ^f	249.28 ^f	-3.52
Artificial Extra Corporeal Haemodialysis.....	71,619	0.82	2,943.91	70.35	7.78
Removal of Cysts, Granulomata, Keratoses, Moles, Papilloma, Scars, Tumors or Warts.....	29,535	24.02	1,353.42	29.01	-1.26
Plantar Wart Excision or Fulguration.....	29,074	13.14	488.55	28.56	8.73
Suturing of Wounds.....	23,104	21.27	1,337.95	22.69	-8.58
Arthrocentesis - Joint Injections Shoulder, Elbow, Knee.....	18,747	11.64	293.23	18.41	4.57
Cataract Extraction.....	11,025	8.08	4,789.33	10.83	-1.70
Delivery - Vaginal.....	8,659	16.69 ^f	8,441.65 ^f	16.89 ^f	-3.94
- Caesarean.....	2,170	4.23 ^f	2,465.71 ^f	4.23 ^f	-3.24
Cystoscopy.....	10,121	8.30	788.74	9.94	-4.10
Fractures, Open Surgical or Closed Reduction.....	5,646	4.83	1,663.15	5.55	-7.76
Psychological Testing.....	5,328	3.02	195.54	5.23	-3.78
Sigmoidoscopy.....	5,176	4.68	267.14	5.08	-3.94
Cardiac Catheterization.....	4,740	3.72	529.93	4.66	2.63
Electroencephalograms or Echoencephalograms.....	4,019	3.44	96.55	3.95	2.27
Hernia Repair.....	3,933	3.38	1,407.43	3.86	-1.76
Arthroplasty - Total Hip Replacement.....	1,150	0.99	839.82	1.13	1.73
- Total Knee Replacement.....	1,488	1.27	1,051.74	1.46	10.42
Gall Bladder or Other Biliary Tract Surgery.....	2,497	2.43	1,335.31	2.45	-0.41
Vasectomy.....	1,876	3.69 ^m	757.36 ^m	3.71 ^m	1.56
Therapeutic Abortion.....	1,737	3.30 ^f	498.28 ^f	3.39 ^f	3.03
Tubal Ligation.....	1,595	3.09 ^f	616.77 ^f	3.11 ^f	0.62
Hysterectomy - Abdominal.....	1,071	2.07 ^f	880.88 ^f	2.09 ^f	-11.50
- Vaginal.....	454	0.89 ^f	413.65 ^f	0.89 ^f	-18.10
Varicose Veins (Ligation).....	1,317	0.55	202.78	1.29	-5.39
Dilatation and Curettage.....	1,311	2.46 ^f	366.27 ^f	2.56 ^f	-11.90
Tonsillectomy (With or Without Adenoidectomy).....	1,285	1.26	311.67	1.26	4.01
Genital Prolapse Repair.....	955	1.59 ^f	541.34 ^f	1.86 ^f	1.18
Appendectomy.....	930	0.91	362.71	0.91	-3.20
Coronary By-Pass.....	912	0.90	2,350.46	0.90	3.06
Septoplasty or Submucous Resection.....	856	0.83	264.96	0.84	7.26
Electroconvulsive Therapy.....	841	0.16	39.53	0.83	-25.10
Prostatectomy (With or Without Vasectomy).....	814	1.58 ^m	1,237.64 ^m	1.61 ^m	-7.56
Spinal Disc Excision.....	798	0.75	549.57	0.78	3.53
Salpingectomy, Oophorectomy and/or Ovarian Cystectomy.....	511	0.98 ^f	330.57 ^f	1.00 ^f	-6.16
Strabismus Operation.....	153	0.14	76.84	0.15	3.03
Peptic Ulcer Surgery.....	125	0.11	85.40	0.12	-12.20

^f Rate per 1,000 female beneficiaries

^m Rate per 1,000 male beneficiaries.

Note: Comparison to the previous years' Annual Statistical Reports would be affected by the time of day, age and paediatric premiums which are no longer counted as individual services.

Table 17
Selected In-Province Medical Conditions --
Patients, Services and Payments

Conditions	I.C.D. ¹	Number of Services (000'S)	Rate Per 1,000 Beneficiaries		
			Patients	Payments	Services
General Medical Examination - No Specific Diagnosis.....	V70	467	204.7	13,044	459
Acute Upper Respiratory Infection (Except Influenza).....	460 - 465	400	219.6	10,287	393
Hypertension.....	401 - 405	373	123.9	9,842	366
Diseases Affecting Genitourinary Tract.....	580 - 599, 788	313	77.1	10,496	307
Chronic Sinusitis & Other Respiratory Symptoms.....	473 & 786	210	84.5	7,547	206
Ischaemic Heart Disease.....	410 - 414	209	30.5	11,996	205
Diabetes Mellitus.....	250	185	41.2	4,801	182
Arthritis.....	710 - 716	171	60.6	6,498	168
Rheumatic Disease.....	725 - 729	168	89.3	5,265	165
Psychoses.....	295 - 299	152	17.1	5,223	149
Asthma.....	493	141	40.5	2,780	138
Neuroses.....	300	133	56.5	3,652	130
Otitis Media.....	381 & 382	132	57.7	3,539	129
Bronchitis.....	466, 490 & 491	124	74.6	3,262	122
Eczema.....	690 - 692	118	59.8	2,593	116
Cataract.....	366	112	20.3	7,014	110
Vertebrogenic Pain Syndrome.....	724	110	51.5	3,507	108
Symptomatic Heart Disease.....	428 & 429	109	21.0	3,425	107
Cardiac Dysrhythmias.....	427	96	19.0	2,972	95
Glaucoma.....	365	88	18.0	2,312	86
Hay Fever.....	477	75	9.3	569	73
Pneumonia.....	480 - 486	71	18.4	2,130	70
Disorders of Menstruation.....	Z08 ² & 626	68	54.5 ^f	3,975 ^f	133 ^f
Diarrheal Disease.....	009	67	35.3	2,110	66
Cerebrovascular Disease.....	430 - 438	66	9.3	2,177	65
Cellulitis and Abscess.....	681 & 682	59	25.8	1,618	58
Anaemias.....	280 - 285	56	18.4	1,673	55
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva.....	615 & 616	53	45.4 ^f	2,663 ^f	103 ^f
Chronic Airways Obstruction.....	496	50	10.4	1,454	49
Myxedema.....	244	40	22.2	954	40
Gastritis and Duodenitis.....	535	32	19.2	888	31
Alzheimer's Disease and Other Cerebral Degenerations.....	331	30	2.9	660	29
Migraine.....	346	29	13.3	827	28
Varicose Veins of Lower Extremity.....	454	26	4.8	710	25
Menopausal Symptoms.....	627	24	25.3 ^f	1,238 ^f	47 ^f
Disorders of Functions of Stomach.....	536 & 537	20	12.7	649	20
Hyperkinetic Syndrome of Childhood (ADHD).....	314	18	4.7	620	17
Influenza.....	487	17	14.1	408	17
Obesity.....	278	13	6.9	523	13
Epilepsy.....	345	13	4.4	375	13
Alcoholic Psychosis and Alcoholism.....	291 & 303	13	3.8	388	13
Multiple Sclerosis.....	340	13	2.1	386	13
Ulcers of Duodenum and Stomach.....	531 - 534	9	4.9	293	9

¹ Ninth Revision International Classification of Diseases, 1977.

² MSP internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.

^f Rate per 1,000 female beneficiaries.

Notes: 1) MSP records only one diagnosis of symptoms per claim even though the patient may have more than one condition.

2) Comparison to the previous years' Annual Statistical Reports would be affected by the time of day, age and paediatric premiums which are no longer counted as individual services.

Table 18
Turnover of Physicians

	General Practitioners					
	Metro		Urban		Rural	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 1999-00 ¹	338		142		213	
		9.5		12.7		16.0
Still Practising in 2000-01 ²	306		124		179	
Practising in 2000-01 ¹	352		154		229	
		15.6		23.4		19.2
Still Practising in 2001-02 ²	297		118		185	
Practising in 2001-02 ¹	329		142		235	
		10.3		9.2		14.9
Still Practising in 2002-03 ²	295		129		200	
Practising in 2002-03 ¹	337		145		233	
		11.0		11.7		18.5
Still Practising in 2003-04 ²	300		128		190	
Practising in 2003-04 ¹	341		140		234	
		7.6		8.6		19.2
Still Practising in 2004-05 ²	315		128		189	
Practising in 2004-05 ¹	356		146		230	

	All General Practitioners		Specialists		All Physicians	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 1999-00 ¹	693		443		1,136	
		12.1		8.1		10.6
Still Practising in 2000-01 ²	609		407		1,016	
Practising in 2000-01 ¹	735		440		1,175	
		18.4		2.0		12.3
Still Practising in 2001-02 ²	600		431		1,031	
Practising in 2001-02 ¹	706		497		1,203	
		11.6		10.9		11.3
Still Practising in 2002-03 ²	624		443		1,067	
Practising in 2002-03 ¹	715		496		1,211	
		13.6		7.9		11.2
Still Practising in 2003-04 ²	618		457		1,075	
Practising in 2003-04 ¹	715		500		1,215	
		11.6		10.2		11.0
Still Practising in 2004-05 ²	632		449		1,081	
Practising in 2004-05 ¹	732		513		1,245	

¹ Physicians with their own MSP billing numbers receiving \$15,000 or more in the fourth quarter and practising in Saskatchewan at the end of the fiscal year.

² Physicians with their own MSP billing numbers receiving \$15,000 or more in the fourth quarter of two consecutive years and practising in Saskatchewan at the end of both fiscal years.

Notes: 1) The net number of physicians who entered practice in 2004-05 was 164, the difference between "Practising" (1,245) and "Still Practising" (1,081).

2) Effective April 1, 2001 all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners.

3) Effective April 1, 2002 all foreign certified specialists are grouped as specialists and are required to bill the MSP in their specialty section of the Payment Schedule.

4) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

5) All current recruitment and retention initiatives are outlined in the Appendix (see page 57).

Table 19
Physicians in Relation to Population and Practice Size

Type of Physician ¹	Number of Physicians		Population Per Physician (000's)		Average Number of Patients Per Physician ² (000's)		Average Patient Contacts Per Physician ³ (000's)		Per Cent of Beneficiaries Treated	
	2003-04	2004-05	2003-04	2004-05	2003-04	2004-05	2003-04	2004-05	2003-04	2004-05
General Practitioner ⁴	730	741	1.4	1.4	2.6	2.6	6.6	6.7	83.0	81.6
Specialists⁴										
Paediatricians and										
Medical Geneticists	39	39	25.8	26.1	1.3	1.3	2.8	2.7	3.9	3.8
Internists and Physiatrists	94	100	10.7	10.2	1.9	1.9	4.3	4.2	12.5	12.7
Neurologists	13	15	77.5	67.9	2.1	2.1	2.8	2.9	2.5	2.6
Cardiologists	15	14	67.2	72.7	3.8	3.8	4.4	4.4	3.9	3.9
Psychiatrists	32	31	31.5	32.8	0.5	0.5	2.7	2.7	1.5	1.5
Dermatologists	5	5	201.6	203.6	4.1	4.1	7.8	7.8	2.0	2.0
Anaesthetists	74	80	13.6	12.7	1.0	1.0	1.2	1.3	5.7	5.9
General Surgeons	54	56	18.7	18.2	1.2	1.2	2.6	2.8	6.0	6.1
Cardiac Surgeons	8	7	126.0	145.4	0.5	0.6	0.8	1.0	0.3	0.3
Orthopaedic Surgeons	28	28	36.0	36.4	1.6	1.5	2.8	3.0	4.1	3.9
Plastic and										
Reconstructive Surgeons	13	12	77.5	84.8	1.5	1.5	2.5	2.8	1.9	1.8
Neurological Surgeons	7	8	144.0	127.3	1.1	1.0	2.1	2.1	0.8	0.8
Obstetricians and										
Gynaecologists	38	40	26.5	25.5	1.5	1.5	3.3	3.4	4.6	4.5
Urological Surgeons	12	11	84.0	92.6	1.9	1.9	3.1	3.3	2.1	2.0
Ophthalmologists	27	26	37.3	39.2	3.0	3.0	6.3	6.5	7.5	7.2
Otolaryngologists	10	12	100.8	84.8	3.4	3.2	6.2	5.9	3.5	3.6
Pathologists and										
Diagnostic Radiologists	38	40	26.5	25.5	6.2	5.7	0.2	0.3	18.7	18.3
All Specialists⁴	507	524	2.0	1.9	2.0	1.9	3.0	3.0	43.1	42.9
All Physicians⁴	1,237	1,265	0.8	0.8	2.4	2.3	5.1	5.1	84.9	83.5
Licensed Physicians ⁵	1,654	1,680	0.6	0.6	--	--	--	--	--	--

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

² The size of practice is the number of different persons on whose behalf a claim was paid during the year.

³ A patient contact represents each time a physician saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

⁴ Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

⁵ Licensed physicians includes temporary licensed locum physicians and excludes house officers in hospital and medical residents.

Notes: 1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 20
Physicians by Size of Practice

Type of Physician ¹	Number of Physicians ²	Size of Practice by Range of Patients ³							
		Less than 501	501- 1,000	1,001- 1,500	1,501- 2,000	2,001- 2,500	2,501- 3,000	3,001- 3,500	More than 3,500
General Practitioners									
Metro Association.....	295	2	14	50	46	39	30	26	88
Metro Solo.....	67	5	8	14	11	8	5	4	12
Urban Association.....	111	1	6	10	15	17	20	10	32
Urban Solo.....	33	5	4	2	2	11	5	2	2
Rural Association.....	175	1	4	29	38	33	35	18	17
Rural Solo.....	60	1	2	20	14	17	2	3	1
All General Practitioners 2004-05.....	741	15	38	125	126	125	97	63	152
All General Practitioners 2003-04.....	730	11	34	110	126	123	109	69	148
Specialists									
Paediatricians and Medical Geneticists.....	39	1	17	10	5	4	0	0	2
Internists and Physiatrists.....	100	10	32	17	8	8	3	6	16
Neurologists.....	15	0	3	2	4	2	2	0	2
Cardiologists.....	14	0	1	0	1	1	4	2	5
Psychiatrists.....	31	19	9	2	1	0	0	0	0
Dermatologists.....	5	0	0	0	0	1	0	1	3
Anaesthetists.....	80	7	35	32	6	0	0	0	0
General Surgeons.....	56	5	13	19	15	4	0	0	0
Cardiac Surgeons.....	7	2	5	0	0	0	0	0	0
Orthopaedic Surgeons.....	28	0	6	7	10	5	0	0	0
Plastic and Reconstructive Surgeons.....	12	2	1	1	5	3	0	0	0
Neurological Surgeons.....	8	1	3	3	0	1	0	0	0
Obstetricians and Gynaecologists.....	40	2	11	10	7	6	3	0	1
Urological Surgeons.....	11	0	1	1	5	3	0	0	1
Ophthalmologists.....	26	0	1	3	1	3	4	5	9
Otolaryngologists.....	12	0	1	2	0	0	2	2	5
Pathologists and Diagnostic Radiologists.....	40	2	3	3	0	5	2	4	21
All Specialists 2004-05.....	524	51	142	112	68	46	20	20	65
All Specialists 2003-04.....	507	47	120	114	72	51	22	15	66
All Physicians 2004-05.....	1,265	66	180	237	194	171	117	83	217
All Physicians 2003-04.....	1,237	58	154	224	198	174	131	84	214

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

² Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

³ The size of practice is the number of different persons on whose behalf a claim was paid during the year.

Notes: 1) Earnings and size of practice may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements.

Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 21
Physicians by Range of Patient Contacts

Type of Physician ¹	Number of Physicians ²	Range of Patient Contacts ³						
		1- 2,000	2,001- 4,000	4,001- 6,000	6,001- 8,000	8,001- 10,000	10,001- 12,000	Over 12,000
General Practitioners								
Metro Association.....	295	18	77	65	50	56	15	14
Metro Solo.....	67	19	10	15	7	5	8	3
Urban Association.....	111	4	9	25	27	16	18	12
Urban Solo.....	33	6	5	4	4	8	3	3
Rural Association.....	175	7	35	31	33	35	22	12
Rural Solo.....	60	1	11	8	11	15	3	11
All General Practitioners 2004-05.....	741	55	147	148	132	135	69	55
All General Practitioners 2003-04.....	730	38	152	153	155	128	54	50
Specialists								
Paediatricians and Medical Geneticists.....	39	18	16	2	2	0	1	0
Internists and Physiatrists.....	100	33	27	15	12	9	0	4
Neurologists.....	15	5	8	1	1	0	0	0
Cardiologists.....	14	1	6	5	0	1	1	0
Psychiatrists.....	31	17	9	2	1	1	0	1
Dermatologists.....	5	0	1	0	2	0	2	0
Anaesthetists.....	80	72	8	0	0	0	0	0
General Surgeons.....	56	14	33	9	0	0	0	0
Cardiac Surgeons.....	7	7	0	0	0	0	0	0
Orthopaedic Surgeons.....	28	6	18	4	0	0	0	0
Plastic and Reconstructive Surgeons.....	12	3	8	1	0	0	0	0
Neurological Surgeons.....	8	5	2	1	0	0	0	0
Obstetricians and Gynaecologists.....	40	8	17	13	2	0	0	0
Urological Surgeons.....	11	0	9	1	1	0	0	0
Ophthalmologists.....	26	2	4	5	7	6	2	0
Otolaryngologists.....	12	1	2	2	4	3	0	0
Pathologists and Diagnostic Radiologists.....	40	40	0	0	0	0	0	0
All Specialists 2004-05.....	524	232	168	61	32	20	6	5
All Specialists 2003-04.....	507	224	162	63	30	16	7	5
All Physicians 2004-05.....	1,265	287	315	209	164	155	75	60
All Physicians 2003-04.....	1,237	262	314	216	185	144	61	55

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

² Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

³ A patient contact represents each time the practitioner saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same date of service. X-ray, ultrasound and laboratory services and any professional interpretations of procedures are not considered to be patient contacts.

Notes: 1) Earnings and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements.

Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 22
Physicians by Place of Graduation¹

Type of Physician ²	Number of Physi- cians ¹	Canada		U.S.A.,	United	Conti- nental	Asia	Africa	Australia
		Sask.	Other Prov.	Central and South America	Kingdom and Eire				
General Practitioners									
Metro Association	295	142	14	4	34	6	49	46	0
Metro Solo	67	24	3	2	11	2	13	12	0
Urban Association	111	25	3	2	11	3	15	52	0
Urban Solo	33	7	0	1	5	0	6	14	0
Rural Association	175	43	7	0	6	4	16	99	0
Rural Solo	60	9	3	1	12	0	3	31	1
All General Practitioners 2004-05	741	250	30	10	79	15	102	254	1
All General Practitioners 2003-04	730	244	28	9	83	15	100	247	4
Specialists									
Paediatricians and									
Medical Geneticists	39	12	11	3	4	1	6	2	0
Internists and Psychiatrists	100	31	18	3	7	6	15	20	0
Neurologists	15	3	1	1	2	0	6	2	0
Cardiologists	14	7	2	0	0	1	2	2	0
Psychiatrists	31	10	5	1	3	0	10	1	1
Dermatologists	5	3	0	0	0	0	0	2	0
Anaesthetists	80	37	15	0	3	1	9	15	0
General Surgeons	56	19	14	1	3	1	8	10	0
Cardiac Surgeons	7	1	5	0	0	1	0	0	0
Orthopaedic Surgeons	28	12	5	0	3	0	5	3	0
Plastic and Reconstructive Surgeons	12	6	4	1	0	0	1	0	0
Neurological Surgeons	8	1	2	0	0	0	2	3	0
Obstetricians and Gynaecologists	40	16	5	1	0	1	6	11	0
Urological Surgeons	11	4	5	0	0	0	0	1	1
Ophthalmologists	26	12	1	1	7	0	1	4	0
Otolaryngologists	12	7	0	0	2	0	2	1	0
Pathologists and									
Diagnostic Radiologists	40	22	9	0	3	1	3	2	0
All Specialists 2004-05	524	203	102	12	37	13	76	79	2
All Specialists 2003-04	507	195	94	15	37	13	73	77	3
All Physicians 2004-05	1,265	453	132	22	116	28	178	333	3
Per Cent Distribution 2004-05	100%	36%	10%	2%	9%	2%	14%	26%	0%
All Physicians 2003-04	1,237	439	122	24	120	28	173	324	7
Per Cent Distribution 2003-04	100%	35%	10%	2%	10%	2%	14%	26%	1%

¹ The place of graduation is the location at which the first medical degree was obtained.

² Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

³ Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements.

Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 23
Physicians by Age Group

Type of Physician ¹	Number of Physicians ²	Age Group				
		Under 35	35-44	45-54	55-64	65+
General Practitioners						
Metro Association.....	295	34	82	87	65	27
Metro Solo.....	67	4	9	21	19	14
Urban Association.....	111	24	34	30	16	7
Urban Solo.....	33	1	11	4	13	4
Rural Association.....	175	49	62	32	28	4
Rural Solo.....	60	10	11	13	13	13
All General Practitioners 2004-05.....	741	122	209	187	154	69
All General Practitioners 2003-04.....	730	106	212	184	156	72
Specialists						
Paediatricians and Medical Geneticists.....	39	5	11	9	8	6
Internists and Psychiatrists.....	100	10	29	29	26	6
Neurologists.....	15	2	3	3	3	4
Cardiologists.....	14	3	6	2	3	0
Psychiatrists.....	31	1	8	7	7	8
Dermatologists.....	5	0	2	1	2	0
Anaesthetists.....	80	13	34	24	8	1
General Surgeons.....	56	6	22	16	9	3
Cardiac Surgeons.....	7	1	4	2	0	0
Orthopaedic Surgeons.....	28	3	7	10	6	2
Plastic and Reconstructive Surgeons.....	12	2	3	2	3	2
Neurological Surgeons.....	8	2	0	3	2	1
Obstetricians and Gynaecologists.....	40	4	12	14	9	1
Urological Surgeons.....	11	1	2	4	3	1
Ophthalmologists.....	26	3	6	9	5	3
Otolaryngologists.....	12	0	2	5	3	2
Pathologists and Diagnostic Radiologists.....	40	7	11	16	6	0
All Specialists 2004-05.....	524	63	162	156	103	40
All Specialists 2003-04.....	507	43	158	152	107	47
All Physicians 2004-05.....	1,265	185	371	343	257	109
Per Cent Distribution 2004-05.....	100%	15%	29%	27%	20%	9%
All Physicians 2003-04.....	1,237	149	370	336	263	119
Per Cent Distribution 2003-04.....	100%	12%	30%	27%	21%	10%

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

² Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 24
Average Payment¹ (\$000's) Per Resident Physician² by Specialty
and Range of Paid Amount

	Type of Physician ³					
	All Physicians		All General Practitioners		All Specialists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	274.2	1,265	225.1	741	343.7	524
Highest Paid	1,631.1		731.5		1,631.1	
Less than \$ 60,000	25.0	223	25.2	152	24.6	71
\$ 60,000 - \$ 74,999	67.2	50	66.9	35	67.8	15
\$ 75,000 - \$ 99,999	87.9	91	87.9	58	87.9	33
\$100,000 - \$124,999	112.9	86	112.9	57	112.9	29
\$125,000 - \$149,999	137.1	97	138.0	72	134.5	25
\$150,000 - \$174,999	162.7	79	163.0	49	162.2	30
\$175,000 - \$199,999	187.4	88	187.0	58	188.2	30
\$200,000 - \$249,999	222.6	177	222.4	115	222.9	62
\$250,000 - \$299,999	273.6	172	273.9	117	273.1	55
\$300,000 - \$349,999	322.4	151	322.6	99	321.9	52
Over \$350,000	540.3	274	426.9	81	587.9	193
Total	236.9	1,488	191.0	893	305.6	595

	General Practitioners					
	Metro		Urban		Rural	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	203.4	362	250.9	144	242.6	235
Highest Paid	534.6		731.5		625.2	
Less than \$ 60,000	29.1	85	20.7	22	19.9	45
\$ 60,000 - \$ 74,999	67.1	18	65.1	5	67.4	12
\$ 75,000 - \$ 99,999	88.2	35	82.2	6	89.2	17
\$100,000 - \$124,999	114.1	30	112.5	7	111.3	20
\$125,000 - \$149,999	137.2	45	138.4	11	139.8	16
\$150,000 - \$174,999	163.6	27	163.2	13	160.8	9
\$175,000 - \$199,999	186.5	33	188.6	10	186.9	15
\$200,000 - \$249,999	221.7	64	223.8	23	223.0	28
\$250,000 - \$299,999	274.8	55	277.4	22	270.7	40
\$300,000 - \$349,999	323.6	32	321.0	26	322.9	41
Over \$350,000	413.3	23	447.6	21	423.6	37
Total	170.3	447	220.4	166	206.8	280

¹ Represents gross payments by the Medical Services Plan from which the physicians must pay overhead costs which may be high in such as Radiology and Pathology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

² Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

³ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

⁴ Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Table 24 (Continued)

	Type of Physician ³					
	Paediatricians and Medical Geneticists		Internists and Physiatrists		Cardiologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	195.5	39	303.7	100	631.6	14
Highest Paid	659.6		1,093.8		1,323.6	
Less than \$ 60,000	9.0	11	30.9	20	--	--
\$ 60,000 - \$ 74,999	0.0	--	67.8	7	--	--
\$ 75,000 - \$ 99,999	86.6	6	88.8	8	--	--
\$100,000 - \$124,999	111.9	7	111.8	5	100.0	1
\$125,000 - \$149,999	135.5	4	138.0	9	--	--
\$150,000 - \$174,999	159.5	4	160.7	8	--	--
\$175,000 - \$199,999	186.6	7	191.4	5	--	--
\$200,000 - \$249,999	216.9	3	219.9	13	--	--
\$250,000 - \$299,999	277.7	2	269.2	3	--	--
\$300,000 - \$349,999	317.7	2	328.7	9	304.0	2
Over \$350,000	498.4	4	561.2	33	739.5	11
Total	154.5	50	258.2	120	631.6	14

	Neurologists		Psychiatrists		Dermatologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	250.5	15	239.0	31	362.8	5
Highest Paid	619.5		766.1		526.9	
Less than \$ 60,000	--	--	28.2	10	12.3	1
\$ 60,000 - \$ 74,999	--	--	64.9	2	--	--
\$ 75,000 - \$ 99,999	92.2	1	90.8	1	--	--
\$100,000 - \$124,999	113.3	3	115.3	5	--	--
\$125,000 - \$149,999	131.7	1	133.9	3	--	--
\$150,000 - \$174,999	153.7	1	153.6	2	174.1	1
\$175,000 - \$199,999	0.0	0	187.2	4	--	--
\$200,000 - \$249,999	221.7	3	220.4	5	--	--
\$250,000 - \$299,999	258.5	2	272.7	3	--	--
\$300,000 - \$349,999	345.2	1	302.8	1	349.4	2
Over \$350,000	504.1	3	586.2	5	470.4	2
Total	250.5	15	187.6	41	304.3	6

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements.

Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 24 (Continued)
Average Payment¹ (\$000's) Per Resident Physician² by Specialty
and Range of Paid Amount

	Type of Physician ³					
	Anaesthetists		General Surgeons		Cardiac Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	262.3	80	336.5	56	686.7	7
Highest Paid	658.4		661.2		926.8	
Less than \$ 60,000	--	--	33.0	7	--	--
\$ 60,000 - \$ 74,999	72.7	1	71.2	2	--	--
\$ 75,000 - \$ 99,999	86.9	4	89.4	5	--	--
\$100,000 - \$124,999	120.6	3	--	--	--	--
\$125,000 - \$149,999	127.6	2	127.7	1	--	--
\$150,000 - \$174,999	166.2	3	169.5	1	--	--
\$175,000 - \$199,999	189.4	7	187.0	1	--	--
\$200,000 - \$249,999	222.4	17	241.0	5	--	--
\$250,000 - \$299,999	272.9	21	274.3	8	--	--
\$300,000 - \$349,999	316.7	10	322.4	7	--	--
Over \$350,000	453.9	12	465.9	26	686.7	7
Total	262.3	80	302.8	63	686.7	7

	Orthopaedic Surgeons		Plastic and Reconstructive Surgeons		Neurological Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	359.2	28	334.4	12	344.0	8
Highest Paid	640.9		670.8		638.4	
Less than \$ 60,000	35.2	2	49.6	1	45.3	2
\$ 60,000 - \$ 74,999	--	--	64.1	1	--	--
\$ 75,000 - \$ 99,999	--	--	93.7	1	--	--
\$100,000 - \$124,999	--	--	--	--	121.2	1
\$125,000 - \$149,999	126.6	1	--	--	--	--
\$150,000 - \$174,999	164.3	2	--	--	153.2	1
\$175,000 - \$199,999	197.5	1	--	--	186.0	1
\$200,000 - \$249,999	233.4	5	215.5	1	--	--
\$250,000 - \$299,999	289.7	2	290.8	1	284.1	1
\$300,000 - \$349,999	313.3	2	327.8	4	315.6	1
Over \$350,000	468.8	15	509.3	4	563.9	3
Total	337.6	30	312.5	13	284.2	10

¹ Represents gross payments by the Medical Services Plan from which the physicians must pay overhead costs which may be high in such as Radiology and Pathology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

² Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

³ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

⁴ Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Table 24 (Continued)

	Type of Physician ³					
	Obstetricians and Gynaecologists		Urological Surgeons		Ophthalmologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	334.2	40	411.3	11	636.0	26
Highest Paid.....	1,155.0		1,080.0		1,199.6	
Less than \$ 60,000.....	30.3	4	--	--	58.1	1
\$ 60,000 - \$ 74,999.....	72.4	1	--	--	61.8	1
\$ 75,000 - \$ 99,999.....	84.0	4	--	--	--	--
\$ 100,000 - \$ 124,999.....	--	--	--	--	108.4	1
\$ 125,000 - \$ 149,999.....	133.9	2	--	--	--	--
\$ 150,000 - \$ 174,999.....	166.8	5	--	--	164.6	1
\$ 175,000 - \$ 199,999.....	178.8	1	--	--	190.5	2
\$ 200,000 - \$ 249,999.....	215.8	2	217.4	1	--	--
\$ 250,000 - \$ 299,999.....	270.8	5	--	--	272.8	1
\$ 300,000 - \$ 349,999.....	323.4	3	323.3	4	--	--
Over \$350,000.....	525.0	17	502.3	6	777.4	20
Total.....	306.6	44	411.3	11	614.6	27

	Otolaryngologists		Pathologists and Diagnostic Radiologists	
	Average Payment	Number	Average Payment	Number
Physicians ⁴	407.0	12	487.9	40
Highest Paid.....	819.3		1,631.1	
Less than \$ 60,000.....	--	--	9.7	12
\$ 60,000 - \$ 74,999.....	--	--	--	--
\$ 75,000 - \$ 99,999.....	--	--	87.7	3
\$ 100,000 - \$ 124,999.....	113.1	1	105.5	2
\$ 125,000 - \$ 149,999.....	134.8	1	132.4	1
\$ 150,000 - \$ 174,999.....	--	--	160.7	1
\$ 175,000 - \$ 199,999.....	179.3	1	--	--
\$ 200,000 - \$ 249,999.....	--	--	217.6	7
\$ 250,000 - \$ 299,999.....	252.4	1	272.9	5
\$ 300,000 - \$ 349,999.....	309.4	2	314.8	2
Over \$350,000.....	597.6	6	801.7	19
Total.....	407.0	12	377.6	52

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements.

Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 25
Average Payment (\$000's) Per Physician
By Specialty, 1999-00 to 2004-05

Type of Physician ¹	Average Payment ² (\$000's)						Average Annual Per Cent Change 1999-00 to 2004-05
	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	
General Practitioners							
Metro Association	162.0	159.8	164.3	169.4	180.0	198.9	4.26
Metro Solo	172.7	170.9	175.2	179.8	201.3	223.3	5.40
Urban Association	237.2	218.3	219.7	220.5	231.0	249.1	1.13
Urban Solo	220.8	212.4	247.2	252.8	256.8	257.0	3.30
Rural Association	233.5	223.5	206.3	216.7	224.1	238.8	0.61
Rural Solo	220.6	211.8	210.1	217.6	219.4	253.9	3.07
All General Practitioners	198.5	191.3	191.6	197.4	207.3	225.1	2.63
Specialists							
Paediatricians and Medical Geneticists	148.7	156.1	151.1	152.1	178.6	195.5	5.86
Internists and Physiatrists	247.7	233.4	253.5	268.9	284.9	303.7	4.29
Neurologists	231.3	238.8	237.6	228.6	235.2	250.5	1.67
Cardiologists	537.3	561.8	567.8	556.3	550.9	631.6	3.46
Psychiatrists	196.9	205.0	210.8	208.6	217.3	239.0	4.01
Dermatologists	289.7	310.3	311.1	357.4	327.5	362.8	4.93
Anaesthetists	198.5	200.9	215.1	237.1	237.7	262.3	5.82
General Surgeons	276.7	291.7	298.8	304.7	304.7	336.5	4.05
Cardiac Surgeons	526.8	480.0	505.5	441.8	511.0	686.7	6.77
Orthopaedic Surgeons	305.2	308.9	286.2	305.8	323.0	359.2	3.51
Plastic and Reconstructive Surgeons	239.0	277.4	286.0	254.6	297.9	334.4	7.49
Neurological Surgeons	391.7	325.1	347.7	280.2	343.0	344.0	-1.35
Obstetricians and Gynaecologists	275.4	275.1	250.8	277.5	305.2	334.2	4.24
Urological Surgeons	291.1	323.2	294.6	322.1	350.5	411.3	7.54
Ophthalmologists	498.5	500.3	452.9	497.6	543.6	636.0	5.40
Otolaryngologists	429.6	391.2	337.2	359.3	395.6	407.0	-0.64
Pathologists and Diagnostic Radiologists	468.3	499.1	499.2	498.7	490.9	487.9	0.87
All Specialists	288.3	292.3	290.0	301.0	316.0	343.7	3.63
Spec. less Pathologists & Radiologists	272.0	274.3	274.0	285.3	301.8	331.8	4.12
All Physicians	233.9	230.4	232.1	240.1	251.8	274.2	3.29
Phys. less Pathologists & Radiologists	226.0	221.8	224.1	232.0	244.3	267.2	3.48

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

² Represents gross payments by the MSP from which the physicians must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MSP payment should not be taken to represent total professional income since physicians may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Payments for the specialist coverage program are excluded.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Laboratory services provided by Pathologists are now the responsibility of Regional Health Authorities. As a result, Pathologists' fee-for-service payments are minimal.

3) Both the increases i.e. the number of active physicians and the decreases in the average payments may have been influenced by the locum billing number policy changes.

4) Effective April 1, 2001 all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners.

5) Effective April 1, 2002 all foreign certified specialists are grouped as specialists and are required to bill the MSP in their specialty section of the Payment Schedule.

6) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 26
Physician Payments (\$000's) by Specialty Group

	General Practitioners		Medical Specialists ¹		Surgical Specialists ¹		Technical Specialists ¹	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:²								
Regina	169	205.3	53	424.1	60	462.6	34	406.7
Saskatoon ³	193	201.7	127	234.9	97	398.9	73	315.6
Moose Jaw	28	246.8	4	554.5	8	432.7	3	299.6
Prince Albert	44	242.3	9	247.9	13	297.4	7	344.0
Yorkton	13	244.9	2	**	7	394.9	--	--
Swift Current	18	226.0	4	358.6	6	225.3	3	111.0
North Battleford	19	286.8	3	164.6	6	234.7	--	--
Estevan	10	315.1	--	--	--	--	--	--
Weyburn	12	225.7	--	--	--	--	--	--
All Other Locations	235	242.6	2	**	3	160.2	--	--
B. By Activity Threshold:								
1. Resident at Year End and No Change in Location During Year ²	703	228.2	204	293.2	191	404.4	117	342.4
2. Resident Full Year ²	687	232.0	192	301.8	185	417.7	110	353.7
3. Resident and Active in Two Consecutive Years ²	658	237.3	182	312.3	180	421.3	104	362.1
4. Resident During Any Portion of the Year and Earning \$60,000 or More	782	220.5	211	288.4	211	384.4	129	328.1
5. Person-Year Equivalents and Earning \$60,000 or More ⁴	747.2	230.8	204.5	297.6	201.0	403.6	121.5	348.2
6. Resident at Year End With Payments of \$15,000 or More in Each Quarter of the Year	632	244.7	172	326.9	169	444.8	100	375.0
7. Resident at Year End and Not in Teaching Institutions ²	732	226.4	140	353.7	164	407.6	72	416.0
C. By Age Group:²								
Under 35	122	184.4	21	203.9	22	387.8	20	237.5
35 - 44	209	234.6	59	257.8	58	412.6	45	266.4
45 - 54	187	239.8	51	339.7	65	440.7	40	445.4
55 - 64	154	241.8	49	338.8	40	392.6	14	407.7
65 +	69	190.8	24	266.6	15	198.2	1	**

¹ Physicians are grouped as follows:

- Medical Specialists include Paediatricians, Internists, Neurologists, Cardiologists, Psychiatrists, Dermatologists, Physiatrists, and Medical Geneticists.
- Surgical Specialists include General Surgeons, Thoracic Surgeons, Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, Neurological Surgeons, Obstetricians and Gynaecologists, Urological Surgeons, Ophthalmologists and Otolaryngologists.
- Technical Specialists include Anaesthetists, Pathologists and Diagnostic Radiologists.

² Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan at the end of the year. Earnings may reflect an upward bias as a result of physicians sponsoring locums. Payments for the specialist coverage program are excluded.

³ Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.

⁴ Person-year equivalents are prorated on the number of months in practice.

** Not shown, to preserve confidentiality.

Note: Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 27
Payments¹ for Specialist and Rural Emergency Coverage Programs

	Specialist			Rural (GP) Emergency Coverage ³	Total Payments for Emergency Coverage
	Emergency Coverage		Payments ²		
	Number of Rotations				
	Tier I	Tier II			
Regional Health Authority					
1 Sun Country.....	4	2	\$397,459	\$721,310	\$1,118,769
2 Five Hills.....	5	5	\$675,450	\$368,342	\$1,043,792
3 Cypress.....	5	4	\$634,902	\$576,312	\$1,211,214
4 Regina Qu'Appelle.....	35	8	\$4,110,293	\$623,297	\$4,733,590
5 Sunrise.....	5	4	\$606,478	\$550,826	\$1,157,304
6 Saskatoon.....	42	20	\$5,102,381	\$655,859	\$5,758,240
7 Heartland.....	0	0	\$0	\$818,096	\$818,096
8 Kelsey Trail.....	0	7	\$187,793	\$730,001	\$917,794
9 Prince Albert Parkland.....	7	4	\$818,574	\$314,510	\$1,133,084
10 Prairie North.....	11	4	\$954,684	\$571,785	\$1,526,469
11 Mamawetan Churchill River.....	0	0	\$0	\$117,825	\$117,825
12 Keewatin Yatthe.....	0	0	\$0	\$241,264	\$241,264
13 Athabasca.....	0	0	\$0	\$142,149	\$142,149
All Regional Health Authorities.....	114	58	\$13,488,015	\$6,431,577	\$19,919,591
Other Emergency Coverage					
Medical Health Officers.....	0	2	\$119,856	--	\$119,856
Saskatchewan Cancer Agency.....	0	6	\$345,476	--	\$345,476
All Emergency Coverage.....	114	66	\$13,953,347	\$6,431,577	\$20,384,923

¹ Includes payments made indirectly to physicians through Regional Health Authorities, the Saskatchewan Cancer Agency or other.

² Includes payments to general practitioners approved to provide coverage under the Specialist Emergency Coverage Program.

³ Includes payments processed through the Claims System as well as any alternate payments and payments for travel expenses when general practitioners provide weekend relief.

Notes: Tier I Coverage: continuous (365 days, 24 hours per day) and physicians must be available to respond by phone within 15 minutes and be on-site within 30 minutes.

Tier II Coverage: either continuous or non-continuous. Physician must respond by phone within 15 minutes and be on-site within a reasonable time, defined by the specialty and clinical judgment of the responding physician.

Table 28
Medical Remuneration and Alternate Payment Expenditures

	Medical Remuneration Payments ¹	Alternate Payments ³	Total Non-Fee-For-Service Payments
Regional Health Authority			
1 Sun Country.....	\$1,555,681	\$2,047,939	\$3,603,620
2 Five Hills.....	\$2,494,403	\$879,537	\$3,373,940
3 Cypress.....	\$1,851,855	\$2,417,951	\$4,269,806
4 Regina Qu'Appelle.....	\$30,499,067	\$3,874,275	\$34,373,342
5 Sunrise.....	\$3,345,664	\$765	\$3,346,428
6 Saskatoon.....	\$21,061,477	\$5,669,048	\$26,730,525
7 Heartland.....	\$284,788	\$339,642	\$624,429
8 Kelsey Trail.....	\$876,215	\$2,077,617	\$2,953,831
9 Prince Albert Parkland.....	\$3,771,640	\$3,798,827	\$7,570,468
10 Prairie North.....	\$3,609,254	\$1,480,498	\$5,089,752
11 Mamawetan Churchill River.....	\$58,467	\$433,104	\$491,571
12 Keewatin Yatthe.....	\$0	\$958,083	\$958,083
13 Athabasca.....	\$0	\$83,974	\$83,974
All Regional Health Authorities.....	\$69,408,511	\$24,061,260	\$93,469,771
Provincial Projects ²	\$0	\$4,117,667	\$4,117,667
All Expenditures.....	\$69,408,511	\$28,178,927	\$97,587,438

¹ These expenditures for physician services are administered through Regional Health Authorities and funded by Saskatchewan Health.

² These Alternate Payment arrangements are intended to benefit the entire provincial population.

³ Payments for primary care arrangements are included, however, responsibility for the management of these agreements was transferred to Primary Health Services Branch effective April 1, 2004.

Table 29
Insured Population by Age and Sex by Regional Health Authority

		Regional Health Authority of Patient Residence													
		1	2	3	4	5	6	7	8	9	10	11	12	13	
		Sun	Five		Regina		Saskat	Heart-	Kelsey		Prince		Mama-	Keewatin	
		Country	Hills	Cypress	Qu'Appelle	Sunrise	toon	land	Trail	Parkland	Albert	Prairie	Churchill	Yatthe	Atha-
													River	basca	Total
Under 1	M	282	273	242	1,409	251	1,691	205	249	522	578	237	122	34	6,093
	F	289	265	210	1,335	265	1,604	208	214	496	550	261	102	34	5,832
	T	571	538	451	2,744	516	3,295	413	463	1,018	1,127	498	224	68	11,925
1 - 4	M	1,169	1,182	963	5,672	1,094	7,012	940	1,012	2,190	2,190	950	450	103	24,926
	F	1,208	1,091	909	5,417	1,084	6,597	894	955	2,131	2,214	927	430	104	23,966
	T	2,377	2,273	1,872	11,090	2,178	13,609	1,835	1,967	4,321	4,404	1,877	880	207	48,889
5 - 9	M	1,685	1,552	1,376	7,659	1,558	9,348	1,318	1,359	2,803	2,953	1,179	597	124	33,513
	F	1,635	1,531	1,304	7,371	1,483	8,759	1,316	1,393	2,798	2,780	1,177	565	121	32,232
	T	3,320	3,085	2,680	15,030	3,041	18,108	2,634	2,752	5,601	5,733	2,356	1,162	245	65,745
10 - 14	M	1,944	1,879	1,528	8,981	1,859	10,646	1,597	1,579	3,397	3,154	1,295	714	130	38,702
	F	1,867	1,778	1,488	8,528	1,794	9,937	1,525	1,514	3,151	2,935	1,246	675	140	36,579
	T	3,811	3,656	3,015	17,509	3,653	20,583	3,122	3,094	6,548	6,089	2,541	1,389	270	75,281
15 - 19	M	2,073	2,290	1,762	9,502	2,062	11,012	1,917	1,752	3,271	3,228	1,167	652	146	40,834
	F	2,013	2,067	1,636	9,086	2,080	10,554	1,840	1,679	3,036	3,053	1,039	628	131	38,841
	T	4,086	4,357	3,398	18,588	4,141	21,566	3,757	3,431	6,307	6,281	2,206	1,280	277	79,675
20 - 24	M	2,085	2,235	1,554	9,587	1,948	11,208	1,753	1,586	2,833	3,059	879	459	105	39,290
	F	1,811	2,001	1,465	9,271	1,889	11,136	1,519	1,343	2,753	2,891	845	417	120	37,460
	T	3,895	4,236	3,019	18,857	3,837	22,343	3,272	2,929	5,587	5,950	1,724	876	225	76,750
25 - 29	M	1,736	1,631	1,230	8,580	1,592	10,287	1,278	1,281	2,304	2,519	784	394	93	33,710
	F	1,510	1,636	1,179	8,421	1,404	10,222	1,112	1,108	2,271	2,366	767	390	76	32,462
	T	3,246	3,267	2,409	17,000	2,996	20,509	2,390	2,389	4,575	4,886	1,551	784	169	66,172
30 - 34	M	1,548	1,420	1,160	7,855	1,459	9,474	1,093	1,158	2,266	2,229	760	410	84	30,916
	F	1,435	1,417	1,181	7,784	1,391	9,429	1,019	1,106	2,359	2,215	753	414	84	30,586
	T	2,983	2,837	2,341	15,639	2,850	18,903	2,112	2,264	4,625	4,444	1,513	824	168	61,502
35 - 39	M	1,646	1,450	1,234	8,496	1,605	9,746	1,220	1,232	2,432	2,250	763	460	82	32,616
	F	1,599	1,627	1,312	8,431	1,626	9,695	1,198	1,218	2,446	2,230	676	424	81	32,563
	T	3,246	3,077	2,545	16,927	3,230	19,441	2,418	2,450	4,878	4,481	1,439	884	163	65,179
40 - 44	M	2,134	2,159	1,759	10,099	1,991	11,690	1,663	1,547	2,753	2,636	675	404	68	39,578
	F	2,006	2,123	1,772	10,117	2,003	11,865	1,649	1,465	2,912	2,631	658	372	68	39,641
	T	4,140	4,282	3,531	20,216	3,994	23,556	3,312	3,013	5,665	5,267	1,333	776	136	79,219
45 - 49	M	2,152	2,304	1,826	9,600	2,247	11,419	1,937	1,583	2,791	2,565	615	327	46	39,412
	F	2,035	2,215	1,752	9,832	2,046	11,483	1,666	1,483	2,687	2,485	600	269	43	38,596
	T	4,187	4,519	3,578	19,432	4,293	22,902	3,603	3,066	5,479	5,050	1,215	596	89	78,008
50 - 54	M	1,869	1,946	1,506	8,225	2,069	9,547	1,610	1,498	2,481	2,205	525	255	38	33,774
	F	1,698	1,838	1,415	8,277	1,945	9,469	1,388	1,404	2,381	2,013	434	233	36	32,532
	T	3,567	3,785	2,921	16,503	4,014	19,016	2,999	2,902	4,862	4,217	959	488	74	66,306
55 - 59	M	1,523	1,606	1,297	6,636	1,719	7,499	1,228	1,269	2,113	1,728	397	214	25	27,253
	F	1,418	1,574	1,239	6,742	1,732	7,341	1,221	1,300	2,078	1,568	341	159	31	26,743
	T	2,941	3,180	2,536	13,378	3,451	14,840	2,449	2,568	4,191	3,295	738	373	56	53,996
60 - 64	M	1,197	1,160	1,011	4,787	1,486	5,464	970	1,170	1,675	1,347	259	168	36	20,729
	F	1,190	1,210	1,044	5,075	1,568	5,619	974	1,055	1,619	1,320	217	143	20	21,054
	T	2,387	2,371	2,055	9,861	3,055	11,083	1,943	2,225	3,294	2,667	476	311	56	41,783
65 - 69	M	1,081	1,062	927	4,057	1,389	4,471	906	959	1,400	1,127	198	120	12	17,709
	F	1,084	1,106	963	4,382	1,535	5,027	905	928	1,393	1,063	165	89	10	18,651
	T	2,165	2,168	1,890	8,439	2,924	9,498	1,811	1,888	2,793	2,190	363	209	22	36,360
70 - 74	M	1,055	1,072	904	3,604	1,334	4,047	855	844	1,260	968	138	84	17	16,181
	F	1,098	1,237	946	4,225	1,418	4,810	991	952	1,327	984	135	81	15	18,219
	T	2,152	2,308	1,849	7,829	2,753	8,858	1,846	1,796	2,588	1,952	273	165	32	34,400
75 & over	M	2,083	2,253	1,786	6,330	2,921	7,315	1,852	1,758	2,083	1,636	150	115	14	30,292
	F	3,097	3,438	2,603	10,413	4,187	12,024	2,661	2,503	2,973	2,364	203	98	13	46,575
	T	5,180	5,691	4,388	16,743	7,106	19,338	4,514	4,261	5,055	4,000	353	213	27	76,867
Total all ages	M	27,263	27,472	22,059	121,078	28,584	141,877	22,343	21,836	38,574	36,370	10,971	5,945	1,157	505,528
	F	26,992	28,157	22,413	124,706	29,449	145,571	22,087	21,621	38,811	35,662	10,444	5,489	1,127	512,529
	T	54,255	55,629	44,472	245,784	58,033	287,448	44,429	43,457	77,386	72,032	21,415	11,434	2,284	1,018,057

Notes: 1) Population as at June 30, 2004.

2) Band members are placed in the regional health authority as indicated by their mailing address.

Table 30

Per Cent of General Practitioner Payments by Patient Regional Health Authority by Physician Regional Health Authority

Regional Health Authority of Patient Residence		Regional Health Authority of Physician Practice														Total
		1	2	3	4	5	6	7	8	9	10	11	12	13		
		Sun Country	Five Hills	Cypress	Regina Qu'Appelle	Sunrise	Saskatoon	Heartland	Kelsey Trail	Prince Albert Parkland	Prairie North	Mamawetan Churchill River	Keewatin Yatthe	Athabasca	Out of Province	
1	Sun Country	83.4	0.9	0.1	11.4	0.2	0.8	0.5	0.1	0.1	0.1	0.0	0.0	0.0	2.4	100.0
2	Five Hills	0.8	88.0	0.9	5.9	0.1	1.6	0.4	0.1	0.1	0.1	0.0	0.0	0.0	2.1	100.0
3	Cypress	0.2	1.8	86.4	2.0	0.1	1.9	0.5	0.1	0.1	0.1	0.0	0.0	0.0	6.7	100.0
4	Regina Qu'Appelle	0.6	0.7	0.1	94.1	0.6	1.4	0.1	0.1	0.2	0.1	0.0	0.0	0.0	1.9	100.0
5	Sunrise	0.3	0.2	0.2	7.3	84.6	3.4	0.3	0.5	0.1	0.1	0.0	0.0	0.0	3.1	100.0
6	Saskatoon	0.1	0.2	0.1	1.1	0.2	93.7	0.3	0.5	1.0	0.5	0.0	0.0	0.0	2.1	100.0
7	Heartland	0.1	1.3	1.8	0.5	0.0	10.0	75.4	0.1	0.2	3.8	0.0	0.0	0.0	6.7	100.0
8	Kelsey Trail	0.1	0.1	0.3	0.9	0.8	6.4	0.1	83.6	5.5	0.2	0.1	0.0	0.0	1.9	100.0
9	Prince Albert Parkland	0.1	0.1	0.0	0.5	0.1	6.4	0.1	1.6	87.0	1.9	0.2	0.1	0.0	2.0	100.0
10	Prairie North	0.1	0.1	0.1	0.4	0.1	3.6	0.8	0.1	1.1	73.9	0.0	0.0	0.0	19.8	100.0
11	Mamawetan Churchill River	0.0	0.1	0.0	0.6	0.2	4.8	0.1	0.4	22.2	0.4	44.2	0.2	0.0	26.7	100.0
12	Keewatin Yatthe	0.0	0.1	0.0	0.4	0.1	6.0	0.1	0.1	4.1	36.0	0.7	48.5	0.0	3.5	100.0
13	Athabasca	0.1	0.3	0.0	1.9	0.3	15.9	0.5	0.7	60.9	0.7	9.0	1.3	0.0	8.6	100.0
	Rural Emergency Coverage	11.5	6.9	9.8	10.2	9.0	10.2	12.8	9.6	5.2	9.3	1.9	2.6	0.9	0.0	100.0
All Regional Health Authorities		5.5	5.6	4.4	23.8	5.5	26.4	4.2	4.4	8.1	6.7	0.7	0.5	0.0	4.1	100.0

- Notes: 1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.
- 2) This data is not adjusted for any demographic differences between regional health authorities.
- 3) Band members are placed in the regional health authority as indicated by their mailing address.
- 4) Payments to physicians by regional health authority have not been adjusted for itinerant services.
- 5) Only those payments that have been processed through the Claims Processing System either as fee-for-service or as shadow billing are included.

Table 31
Per Capita Physician Payments and Services by Patient Regional Health Authority and Per Cent of Population Treated (In- and Out-of-Province)

Regional Health Authority of Patient Residence	General Practitioners			Specialists			All Physicians		
	Per Capita Payments Excluding	Per Cent of Insured	Population Treated	Per Capita Payments Excluding	Per Cent of Insured	Population Treated	Per Capita Payments Excluding	Per Cent of Insured	Population Treated
	Emergency Coverage (\$)	Per Capita Services		Emergency Coverage (\$)	Per Capita Services		Emergency Coverage (\$)	Per Capita Services	
1 Sun Country	199.33	7.68	84.6	157.35	2.77	36.1	356.69	10.46	85.6
2 Five Hills	185.57	7.82	86.7	208.44	3.82	44.4	394.01	11.64	88.4
3 Cypress	182.90	7.55	82.9	181.65	3.76	42.1	364.54	11.32	85.4
4 Regina Qu'Appelle	172.44	6.94	85.8	206.91	3.93	47.2	379.35	10.87	87.5
5 Sunrise	186.63	7.69	83.4	188.91	3.72	41.6	375.54	11.41	85.6
6 Saskatoon	162.64	6.64	85.3	221.09	4.74	51.0	383.73	11.37	87.6
7 Heartland	193.86	7.74	84.8	189.51	3.72	42.8	383.37	11.46	86.6
8 Kelsey Trail	190.75	7.59	84.5	155.49	2.89	35.7	346.24	10.49	85.7
9 Prince Albert Parkland	189.90	7.77	88.1	176.68	3.62	44.7	368.57	11.39	89.4
10 Prairie North	191.56	7.15	83.7	171.16	3.97	39.1	362.72	11.12	85.2
11 Mamawetan Churchill River	109.90	4.11	69.1	111.34	2.14	29.4	221.23	6.25	72.1
12 Keewatin Yatthe	147.00	5.10	75.3	117.60	2.20	27.9	264.60	7.29	76.8
13 Athabasca	30.86	1.10	28.4	145.40	2.58	35.2	176.26	3.69	47.6
All Regional Health Authorities	175.59	7.06	83.7	195.50	3.94	44.7	371.09	11.00	85.6

- Notes: 1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.
- 2) This data is not adjusted for any demographic differences between regional health authorities.
- 3) Band members are placed in the regional health authority as indicated by their mailing address.
- 4) Excludes payments for specialist and rural emergency coverage programs and any lump sum payments made to the SMA due to delayed implementation of Payment Schedule amendments.
- 5) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.
- 6) Comparisons of per capita services to previous years' Annual Statistical Reports would be affected by the time of day, age and paediatric premiums which are no longer counted as individual services.

Table 32
General Practitioners in Relation to Population,
Earnings and Practice Size

Regional Health Authority of Physician Practice	Number of Registered General Practitioners ¹	Number of Active General Practitioners ²	Population Per Active General Practitioner	Average Payment Per Active GP	Average Number of Patients Per Active GP ³	Average Patient Contacts Per Active GP ⁴
1 Sun Country.....	41	37	1,466	\$254,569	2,190	7,403
2 Five Hills.....	51	38	1,464	\$246,324	2,530	7,341
3 Cypress.....	39	34	1,308	\$226,755	1,988	6,898
4 Regina Qu'Appelle.....	269	192	1,280	\$218,313	2,793	6,529
5 Sunrise.....	40	34	1,707	\$266,370	2,275	8,147
6 Saskatoon.....	308	225	1,278	\$209,079	2,690	6,039
7 Heartland.....	33	27	1,646	\$269,437	2,048	7,888
8 Kelsey Trail.....	42	32	1,358	\$244,522	2,218	7,056
9 Prince Albert Parkland.....	76	57	1,358	\$246,924	3,066	7,610
10 Prairie North.....	84	48	1,501	\$237,517	2,400	6,843
11 Mamawetan Churchill River.....	16	9	2,379	\$111,230	2,076	3,223
12 Keewatin Yatthe.....	11	8	1,429	\$87,141	1,365	2,688
13 Athabasca.....	4		--	--	--	--
All Regional Health Authorities.....	967	741	1,374	\$225,071	2,577	6,651

¹ Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number

Physicians may be counted in more than one regional health authority but the provincial total is a discrete count.

² General Practitioners with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

³ The size of practice is the number of different persons on whose behalf a claim was paid during the year.

⁴ A patient contact represents each time a practitioner saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

Notes: 1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums. Payments for the rural emergency coverage program are included.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 33
Post-Graduate Medical Education ¹
and Retention Rates by Academic Year ²

Type of Physician	2000		2001		2002	
	Graduates in 2000	Remained ³ in Saskatchewan	Graduates in 2001	Remained ³ in Saskatchewan	Graduates in 2002	Remained ³ in Saskatchewan
Funded by the Clinical Services Fund						
Family Medicine – Regina	12 ⁴	7	11 ⁴	6	9 ⁴	2
Family Medicine – Saskatoon	10 ⁴	7	8	5	13	10
Family Medicine – Rural Saskatchewan ⁵	-	-	-	-	-	-
Family Medicine/Emergency	2	1	2	2	2	2
All Family Medicine	24	15	21	13	24	14
Anaesthesia	2	-	2	2	2	1
Anatomical Pathology	1	-	-	-	-	-
Cardiology	1	1	1	-	1	-
General Pathology	1	1	-	-	-	-
General Surgery	4	-	4	2	3	1
Internal Medicine	4 ⁴	-	1 ⁴	-	2	-
Medical Imaging	1	-	2	-	3	2
Neonatal/Perinatal	-	-	-	-	-	-
Neurology	1	-	1	-	1	-
Neurosurgery	-	-	1	1	-	-
Obstetrics/Gynaecology	4	1	3	1	3	2
Ophthalmology	1	-	2	-	1	1
Orthopaedic Surgery	2	-	2	1	2	-
Paediatrics	3	1	-	-	-	-
Psychiatry	-	-	4	1	3	1
Physical Medicine & Rehabilitation	-	-	-	-	1	1
Respiratory Medicine	1	1	1	1	1	1
Rheumatology	1	1	1	-	1	1
All Specialists	27	6	25	9	24	11
Total CSF Funded	51	21	46	22	48	25
Externally Funded	6	5	9	4	3	2
Total Physicians	57	26	55	26	51	27
CSF Funded Retention Rates⁶						
Family Medicine		71%		65%		64%
Specialists		23%		36%		46%
All Physicians		45%		50%		54%

¹ The Department supports educational activities at the College of Medicine, University of Saskatchewan through the Clinical Services Fund such as:

- clinical services provided by faculty
- undergraduate, post-graduate and continuing medical education
- post-graduate medical resident salaries and benefits
- medical and health-related research.

² Period ending June of stated year.

³ Graduates who practised in Saskatchewan for at least six months upon graduation.

⁴ One graduate went on to a further residency program.

⁵ Two graduates went on to a further residency program.

⁶ Positions actually occupied as of July 1, 2004.

⁷ Net of the number of graduates who have entered further training.

⁸ Three graduates went on to a further residency program.

⁹ Separate category created in 2004.

Note: All current recruitment and retention initiatives are outlined in the Appendix (see page 57).

Table 33
(Continued)

Type of Physician	2003		2004		CSF Funded Positions ⁶ in 2004-05	Retention Rate ⁷ of 2004 Graduates
	Graduates in 2003	Remained ³ in Saskatchewan	Graduates in 2004	Remained ³ in Saskatchewan		
Funded by the Clinical Services Fund						
Family Medicine – Regina	8 ⁴	6	10 ⁴	6	18	67%
Family Medicine – Saskatoon	10 ⁵	5	9 ⁵	4	19	57%
Family Medicine – Rural Saskatchewan ⁹	-	-	4	3	5	75%
Family Medicine/Emergency	1	1	3	2	2	67%
All Family Medicine	19	12	26	15	44	65%
Anaesthesia	3	2	2	1	15	50%
Anatomical Pathology	-	-	-	-	-	0%
Cardiology	1	-	2	1	2	50%
General Pathology	-	-	-	-	4	0%
General Surgery	2	-	2	-	18	0%
Internal Medicine	-	-	1	-	28	0%
Medical Imaging	3	2	3	3	16	100%
Neonatal/Perinatal	-	-	-	-	1	0%
Neurology	-	-	1	-	4	0%
Neurosurgery	-	-	2	-	5	0%
Obstetrics/Gynaecology	3	1	1	1	15	100%
Ophthalmology	-	-	1	-	5	0%
Orthopaedic Surgery	2	1	2	-	9	0%
Paediatrics	-	-	2	-	16	0%
Psychiatry	4	1	1	1	14	100%
Physical Medicine & Rehabilitation	1	1	-	-	6	0%
Respiratory Medicine	1	-	1	-	1	0%
Rheumatology	-	-	1	1	1	100%
All Specialists	20	8	22	8	160	36%
Total CSF Funded	39	20	48	23	204	51%
Externally Funded	0	0	5	4	18	
Total Physicians	39	20	53	27	222	
CSF Funded Retention Rates⁷						
Family Medicine		80%		65%		
Specialists		40%		36%		
All Physicians		57%		51%		

Table 34
In-Province Chiropractors and Optometrists: Selected Indicators

	Chiropractors		Optometrists	
	2003-04	2004-05	2003-04	2004-05
Number of Registered ¹ Practitioners.....	162	167	112	115
Population Per Registered ¹ Practitioner.....	6,221	6,096	8,998	8,853
Per Cent of Beneficiaries Treated.....	10.6%	10.8%	9.5%	9.5%
Practising² Chiropractors and Optometrists:				
Number of Practitioners.....	162	165	112	115
Number by Age Group: Under 35.....	54	52	29	33
35 - 44.....	50	53	30	32
45 - 54.....	37	41	25	23
55 - 64.....	15	16	21	24
65 and over.....	4	3	6	3
Average Number of Patients Per Practitioner.....	855	865	866	851
Average Patient Contacts Per Practitioner.....	4,765	4,826	896	941
Average Payment Per Practitioner.....	\$55,674	\$57,958	\$36,260	\$35,901
Number by Dollar Range: Less than \$10,000.....	7	9	6	6
\$10,000 - 19,999.....	17	14	13	16
\$20,000 - 39,999.....	26	29	50	48
\$40,000 - 59,999.....	47	43	33	34
\$60,000 - 79,999.....	35	34	8	10
\$80,000 - 99,999.....	13	19	0	1
\$100,000 - 119,999.....	7	6	1	0
\$120,000 - 139,999.....	3	5	0	0
\$140,000 - 159,999.....	4	3	0	0
\$160,000 - 179,999.....	1	3	0	0
\$180,000 & over.....	0	0	0	0

¹ Chiropractors and Optometrists practising in Saskatchewan under MSP coverage at the end of the year.

² Chiropractors and Optometrists receiving \$1 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Note: Includes chiropractic and optometric services covered by the Supplementary Health Program.

Appendix

Recruitment and Retention Initiatives

- **Specialist Recruitment and Retention Program** -- The fund was established as part of the 2000-2003 SMA Agreement and is managed by a tripartite committee with representation from the SMA, RHAs and Saskatchewan Health. Medical residents in specialty training at the U of S are eligible for a maximum of 3 years funding with a commitment to provide one-year return-of-service for each year of funding received.
- **Specialist Emergency Coverage Program** -- This program was negotiated as part of the 2000-2003 SMA Agreement and is managed by a tripartite committee which includes the SMA, RHAs and Saskatchewan Health. At a \$15 million annual cost, the primary objective of this program is to meet the emergency needs of the public and to ensure fair compensation to those specialists providing this service (see Table 27).
- **Long Service Retention Program** -- a \$4 million program established as part of the 2000-2003 SMA Agreement. It is intended to recognize physicians who provide 10 or more years of service to the province.
- **Specialists Physician Enhancement Training Program** -- This program is designed to provide 6 grants of up to \$80,000 per year to allow practising specialists the opportunity to obtain additional training to a maximum of 2 years. All recipients are required to fulfill a return-of-service commitment.
- **Rural Practice Establishment Grant (RPEG) Program** -- Grants of \$18,000 are available to Canadian-trained or landed immigrant physicians that establish new practices in rural communities for 18 months minimum.
- **Rural Practice Establishment Grant (RPEG) Program for Foreign-Trained Physicians** -- Grants of \$18,000 are available to eligible foreign-trained family physicians that establish practice for 18 months in a rural community. The 18-month return-of-service commitment begins after the first 18 months required to qualify for the program has been completed.
- **Emergency Room Coverage/Weekend Relief Program** -- A \$6.7 million fund is directed to compensating physicians providing emergency room coverage in rural areas, and assisting communities with fewer than 3 physicians to access a list of physicians willing to provide relief coverage when needed.
- **Physician Incorporation** -- Incorporation has been available to physicians since August 2000 making Saskatchewan competitive with other jurisdictions in attracting and retaining physicians.
- **Regional Practice Establishment (RPEG) Program** -- This pilot project will provide \$10,000 to eligible family physicians who establish a practice for 18 months minimum in a regional center between January and December 2004. An 18-month return-of-service commitment will begin after the initial 18-month qualification period is fulfilled.
- **Medical Resident Bursary Program** -- Bursaries of \$25,000 are available to assist family medicine residents with educational expenses in exchange for a rural service commitment.
- **Undergraduate Medical Student Bursary Program** -- Grants, at the current level of \$15,000, are available to medical students who sign a return-of-service commitment to a rural Saskatchewan community. Undergraduates who pursue a Family Medicine residency will now be eligible for 3 years of undergraduate funding and 2 years of resident funding to a maximum of \$95,000.
- **Rural Practice Enhancement Training** -- This program provides income replacement to in-practice rural physicians and assistance to residents wishing to take specialized training in an area of demand in rural Saskatchewan. A return-of-service commitment is required.

- **Re-Entry Training Program** -- This program initiated in 1999 through the Committee on Rural Practice provided two grants annually to rural family physicians who wished to enter specialty training. Physicians must have practised full-time in rural Saskatchewan for 3 years to qualify plus make a return-of-service commitment. In 2000 this program was merged into a new Specialist Re-Entry Training Program that included 2 positions funded by Saskatchewan Health.

A joint committee, which includes the College of Medicine, the SMA and Saskatchewan Health, has developed criteria for awarding the 4 available positions to Saskatchewan-based family physicians.

- **Rural Emergency Care - CME Program** -- This Continuing Medical Education program is intended to provide funds to rural physicians for certification and re-certification of skills in emergency care and risk management. Full costs of Canadian tuition and a portion of travel and accommodation expenses may be reimbursed. Eligible physicians must have 12 months continuous licensure and 12 months of practice in rural Saskatchewan. A return-of-service commitment is expected.
- **Locum Service Program** -- This program, operated by the SMA and managed by the Committee on Rural and Regional Practice, provides coverage while physicians take vacation, education or other leave.
- **Support Services** -- The SMA operates a Rural Travel Assistance Program and a Rural Extended Leave Program.
- **Technology** -- A number of pilot projects are underway that will introduce technology to support and enhance practices of rural physicians.

Agreements with Professional Associations

- The current physician agreement between Saskatchewan Health and the Saskatchewan Medical Association (SMA) covers three years, April 1, 2003 to March 31, 2006. It provided fee increases in the Payment Schedule of 8.3% on October 1, 2003 and 6% on April 1, 2004 and 2005 plus \$3 million per year for new items and modernization of the Schedule. The agreement also provided a total of \$11.2 million to bolster recruitment and retention programs (see Recruitment and Retention Initiatives, page 57).
- The current chiropractic agreement between Saskatchewan Health and the Chiropractors' Association of Saskatchewan covers three years, April 1, 2003 to March 31, 2006 and provided fee increases of 3% in each year of the contract.
- The latest optometric agreement between Saskatchewan Health and the Saskatchewan Association of Optometrists covered four years, June 1, 2000 to May 31, 2004.
- The latest dental agreement between the College of Dental Surgeons and Saskatchewan Health covered 10 years, August 1, 1995 to March 31, 2005. No adjustments in payments were made for the first six years. A retroactive payment of 2% was made on claims billed between April 1, 2001 and March 31, 2002 plus an additional 3% for claims billed between April 1, 2002 and December 31, 2002. A new Payment Schedule was effective January 1, 2003. The agreement provided for 3% increases April 1, 2003 and April 1, 2004.



Government of
Saskatchewan

ISSN 1701-1248
